DOCUMENT RESUME

ED 153 662 IR 006 070

AUTHOR	Malkas, Mark, Ed.; And Others
TITLE	Forms and Formalities: A Resource Containing Forms Currently Utilized by Members of the National Diffusion Network to Facilitate the Adoption and Implementation Process.
INSTITUTION	Far West Lab. for Educational Research and Development, San Francisco, Calif.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	78
CONTRACT	300-77-415
NOTE	275p.; For related document, see ED 142 178 ; Due to small type some parts may be marginally legible
AVAILABLE FROM	Far West Laboratory for Educational Research and Development, 1855 Folsom Street, San Francisco, California 94103 ($8.50)
EDRS PRICE	MF-$0.83 HC-$14.05 Plus Postage.
DESCRIPTORS	Adoption (Ideas); *Data Collection; *Diffusion; Evaluation Methods; Needs Assessment; *Networks; Organizational Communication; *Program Evaluation; *Records (Forms); Reports

ABSTRACT

This resource provides examples of participant forms utilized by State Facilitators and Developer/Demonstrators from over 55 National Diffusion Network projects for communication with each other and with Local Education Agencies. A revision of the 1976 Forms and Formalities, this edition concentrates on sharing of form development expertise, ascertaining rationale for form revision, and providing alternative approaches to the adoption and implementation process. Forms are grouped in seven categories: (1) needs assessment; (2) preworkshop information-gathering; (3) adoption agreements; (4) adoption and implementation monitoring; (5) evaluation and impact assessment; (6) project recordkeeping and documentation; and (7) miscellaneous. (Author/JAB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED153662

FORMS AND FORMALITIES

A Resource containing forms currently utilized by members of the National Diffusion Network to facilitate the adoption and implementation process.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Far West Laboratory for Educational Research and Development
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

This resource was prepared for the United States Office of Education, Department of Health, Education, and Welfare by the Far West Laboratory for Educational Research and Development, San Francisco.
Spring, 1978

IR006070

ACKNOWLEDGEMENTS

Preparation of this publication would not have been possible without the strong support evidenced by NDN members who were eager to see a revised version of Forms and Formalities completed. The authors of this publication worked closely with NDN members to solicit a wide variety of forms and to elicit comments that would assist in sharing accumulated know-how. In particular, the authors are indebted to staff at the Network of Innovative Schools, Inc., who shared forms prepared for the Title I technical assistance effort and to Ann Bennett, Texas Region X Facilitator.

Prepared by: ED Materials/Support Center
Far West Laboratory for Educational
Research and Development
1855 Folsom Street
San Francisco, CA 94103

Forms and Formalities Publication Team:

Publication Coordinator: Janice Hunt
ED Materials/Support Center
Far West Laboratory for Educational
Research and Development

Editor: Mark Malkas
Ed Materials/Support Center
Far West Laboratory for Educational
Research and Development

Publication Consultants: Glenn Clarkson
Nebraska/Iowa State Facilitator

Robert Warpinski
Project I-C-E Director

****

This project has been supported with Federal funds from the Department of Health, Education, and Welfare, United States Office of Education, under contract number 300-77-415. The contents of this publication do not necessarily reflect the views or policies of the Department of Health, Education, and Welfare, United States Office of Education, or the Far West Laboratory for Educational Research and Development, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government or the Laboratory.

TABLE OF CONTENTS

INTRODUCTION v

GENERAL GUIDELINES FOR DEVELOPING FORMS. vii

SECTION ONE: NEEDS ASSESSMENT FORMS 1-1

SECTION TWO: PREWORKSHOP INFORMATION-GATHERING FORMS. 2-1

SECTION THREE: ADOPTION AGREEMENTS. 3-1

SECTION FOUR: ADOPTION AND IMPLEMENTATION MONITORING FORMS. 4-1

SECTION FIVE: EVALUATION AND IMPACT ASSESSMENT FORMS. 5-1

Program Awareness Evaluation 5-3

Site Visit Evaluation 5-19

Training Workshop Evaluation. 5-27

Pupil and Teacher Outcome Evaluation. 5-51

Implementation Evaluation 5-55

SECTION SIX: PROJECT RECORDKEEPING AND DOCUMENTATION FORMS. 6-1

SECTION SEVEN: MISCELLANEOUS FORMS. 7-1

INTRODUCTION

The U.S. Office of Education is pleased to present the second edition of Forms and Formalities.* This resource displays various types of forms currently utilized by members of the National Diffusion Network (NDN) to communicate with each other and with Local Education Agencies (LEAs). Forms and Formalities is designed especially for use by State Facilitators and Developer/Demonstrators in the NDN, and by other projects approved by the Joint Dissemination Review Panel. But it is also to be used by other educators interested in dissemination and the improvement of learning opportunities in the schools. The forms reprinted herein offer clues to techniques that can be used to facilitate the adoption and implementation process.

In 1974, the U.S. Office of Education (USOE) created the National Diffusion Network in order to bring together representatives of federal, state, and local agencies to promote widespread adoptions of exemplary and innovative programs within and across state boundaries. This is accomplished through State Facilitator (SF) and Developer/Demonstrator (D/D) projects. The SFs and D/Ds pool their energies and resources to provide materials, training, and assistance needed to apprise school personnel of programs and services available through the NDN, and help them in implementing successful products or processes.

The exemplary programs available through the NDN have all been adjudged effective by the Joint Dissemination Review Panel within the Education Division of the Department of Health, Education, and Welfare. This panel has responsibility for quality assurance -- examining the evaluation data submitted for each project and gauging its significance in terms of a range of learning outcomes (cognitive, affective, and psychomotor). Only after positive endorsement by a majority of Panel members can a specific program be approved for nationwide dissemination with federal funding support.

State Facilitators provide information about D/D projects to interested educators, assist schools in needs assessment activities, help match local needs and interests with appropriate programs, provide limited funds (in some instances) for visits by school personnel to demonstration sites or awareness conferences, and provide assistance to adopters throughout the adoption process, as needed. They may also offer schools other information services, organizational planning aid, and problem-solving help.

Developer/Demonstrators have the major responsibility for communicating the intent and content of their programs to interested educators through demonstrations, training, and materials. D/Ds assist adopters with installation and operation of programs through provision of training, materials, and follow-up implementation assistance. Each D/D maintains a demonstration site in his or her home district; many also sponsor demonstration sites in other states where their projects have been adopted.

---

*The first edition was developed in 1976 by two National Diffusion Network members: Bob Warpinski, Director of Project I-C-E, and Glenn Clarkson, Nebraska/Iowa State Facilitator.

In summary: By sponsoring the NDN, the Office of Education (through the Division of Educational Replication) has made a major commitment to help local school districts, intermediate service agencies, and state education agencies in their efforts to improve educational opportunities for all the nation's children. As a principal part of that commitment, the NDN makes successful programs and practices available to interested school districts.*

By opening more lines of communication between D/Ds, SFs, and LEAs, Forms and Formalities serves to eliminate some of the mystery surrounding D/Ds' and SFs' procedures for facilitating adoptions. Because it has been so useful, a revision of the original resource was proposed at the National Dissemination Forum of June 1977, the first of a series of conferences involving USOE and the National Institute of Education dissemination personnel and contractors.

Several factors were considered during the compiling of the second edition of Forms and Formalities. First, the new edition should provide experienced D/Ds and SFs with the opportunity to share their knowledge of the development of forms with their less-seasoned colleagues. Second, D/Ds and SFs may have revised their forms since the first edition; an effort has been made to ascertain and present the reasons for such changes. Finally, this sample collection should exhibit a variety of alternative approaches to the adoption and implementation process. No one form should be considered the model for everyone to copy.

The categories of forms selected for inclusion are:

- Needs Assessment Forms
- Preworkshop Information-Gathering Forms
- Adoption Agreements
- Adoption and Implementation Monitoring Forms
- Evaluation and Impact Assessment Forms
  - Program Awareness Evaluation
  - Site Visit Evaluation
  - Training Workshop Evaluation
  - Pupil and Teacher Outcome Evaluation
  - Implementation Evaluation
- Project Recordkeeping and Documentation Forms
- Miscellaneous Forms

Each section opens with a mini-introduction that defines the category and offers special hints for the development of like forms. Forms are alphabetized within each section, with D/D forms preceding SF forms.

The contents of this resource were contributed by State Facilitators, Developer/Demonstrators, and members of the ED Materials/Support Center's Advisory Board. Forms and Formalities includes forms from over 55 NDN projects. Unfortunately, due to space limitations, not all samples received could be included. Far West Laboratory is indebted to those who worked with us to provide this resource.

---

*For more information on the National Diffusion Network, write or phone the Division of Educational Replication, U.S. Office of Education, ROB 3, Room 3616, 400 Maryland Avenue, S.W., Washington, D.C. 20202. (202) 245-2257/2243.

GENERAL GUIDELINES FOR DEVELOPING FORMS

Below are some general guidelines shared by National Diffusion Network Developer/Demonstrators and State Facilitators that may be of help as you develop your own forms. (Those forms contained in the following sections are not necessarily representative of the guidelines suggested below.)

(1) Keep forms simple and clear! Dispel the red tape image!

(2) Be sure to include title of form, date, and your project name.

(3) Number the pages (e.g., page 1 of 2, 2 of 6, etc.).

(4) Be sure that it is clear to whom the form should be returned.

(5) Make certain that directions are explicit and easy to follow, and that questions are accurately worded.

(6) State the purpose of the form in a clear and direct manner.

(7) Review your information needs critically. Will you really use all the data you've requested? Ask only those questions essential to the gathering of needed information.

(8) Try to make forms adaptable to changing circumstances, taking into account future needs.

(9) A public-relations point: along with your project's name, state that it is part of the National Diffusion Network.

(10) Provide adequate space on form for completing responses.

(11) Review your proposed forms as a set of information-gathering materials. Be sure you're not dealing with too many pieces of paper or duplicating unnecessary information across forms.

(12) Be sure your forms collectively make up a professional-looking package. Assess forms critically from a visual perspective. Leave sufficient white space, eliminate "fussiness," make them eye-pleasing.

(13) Date all forms.

(14) For forms that gather information from clients, be sure there is space on each page for the client's name (in case pages become separated).

****

The following are "special hints" for developing forms:

(1) Review forms from projects similar to yours.

(2) Have someone not affiliated with your project review your forms. Sometimes an "outsider" can best tell whether the questions, directions, and purposes of a form will be clear to a client.

(3) Making quality copies of forms is often difficult. Typewriter-drawn lines do not reproduce well. Find someone who can pen-in your lines and boxes and, if possible, has experience laying out forms.

SECTION I

NEEDS ASSESSMENT FORMS

In working with a potential adopter, many State Facilitators (SFs) and Developer/Demonstrators (D/Ds) have found it useful to apply an assessment instrument to identify and clarify the adopter's exact needs. These are not looked upon as tests, but simply as tally sheets documenting the needs of the Local Education Agency (LEA). Such a needs assessment not only enables the SF or D/D to make sure the right program is adopted; it helps the adopter to clarify school or district needs, as well.

There are two types of needs assessment instruments. The first is used by the State Facilitator before contacting the D/D, to narrow down the range of programs suitable to LEA needs. The second type of needs assessment instrument is used by D/Ds to see if their program matches LEA needs; this data is generally collected after the SF has narrowed down the options of D/D programs, and after D/D contact with the LEA.

Some areas of concern for the first type of needs assessment, used by the SF, might be:

(1) Attitude and philosophy of the LEA (What is that attitude or philosophy?)

(2) Community support or involvement (Has there been a history of community support for the school? If so, what kind?)

(3) Staffing and management arrangements (What is the nature of the current arrangements? Are they difficult to change?)

(4) Facilities/resources (What types of facilities and/or resources are available to or needed by the LEA?)

(5) Evidence of commitment or enthusiasm (Once a D/D program has been chosen, will the LEA stay with the adoption?)

Some areas of concern for the second type of needs assessment, used by the D/D, might be:

(1) Attitude and philosophy of LEA (Are they consistent with those of the D/D?)

(2) Community support or involvement (Does the potential adoption have support of teachers, parents, administration, board of education?)

(3) Staffing and management arrangements (Who are the key people involved? Who will make the major decisions?)

(4) Facilities/resources (What resources are available or needed for implementation of a particular D/D project?)

(5) Evidence of commitment/enthusiasm (Are involved personnel ready and eager to implement the new project?)

When designing a needs assessment instrument, consider the following points. Be sure that the form:

(1) Provides space for the LEA to express exact needs.

(2) Allows LEA to include any previously collected needs assessment data.

(3) Makes provision for the listing of conditions that the LEA feels are necessary for the success of the project adoption.

(4) Lets the LEA list demographic characteristics of its site.

(5) Permits LEA to note any projects in which it may already be interested (if form is used by an SF).

The forms in this section represent a wide variety of ways in which NDN members carry out needs assessment. What works best for one SF or D/D may not be appropriate for another.

SECTION ONE

NEEDS ASSESSMENT FORMS

EARLY CHILDHOOD PREVENTIVE CURRICULUM, D/D, Miami, FL

Potential Adopter Needs Assessment 1-6

FLAGSTAFF REMEDIAL READING PROJECT (TITLE I), Flagstaff, AZ

Here's How My Building's Remedial Program Works. 1-7

Here's How I Feel About Our Remedial Reading Program 1-8

Here's How My Building's Remedial Program Works
(A summary from Snowflake personnel) 1-9

These checksheets attempt to provide an overall description of reactions to a district's remedial reading program from the perspectives of various people involved (teachers, parents, aides, etc.). "Strengths" and "Needs" are then recorded and summarized on newsprint to allow sharing of those individual perceptions. So far, patterns of certain common concerns (as well as points of affirmation) have emerged.

PROJECT I-C-E (INSTRUCTION-CURRICULUM-ENVIRONMENT), D/D, Green Bay, WI

Environmental Education Staff Interest Checklist 1-10

A simple strategy for determining level of interest. (A majority of "Yes" and "Sometimes/Maybe" responses indicates a favorable target audience climate.)

OCCUPATIONAL VERSATILITY (O.V.), D/D, Tempe, AZ

Program Analysis 1-11

In revision, Section II was added to provide additional necessary information, and Section IV cut down (because it was awkward).

STRATEGIES IN EARLY CHILDHOOD EDUCATION, D/D, Waupun, WI

Survey of Project Objectives 1-15

This survey has proved to be a reliable indicator of what's going on in the classroom; teachers respond well. The multiple-choice answers are non-threatening in tone, with a wide spread of non-judgmental options. (Project feels that such a rating scale is superior to a numerical one -- numbers can be hard to interpret.)

NEBRASKA/IOWA FACILITATOR PROJECTS, SF, Bellevue, NB

Priority Area Needs Assessment 1-16

This instrument has proved effective in that it helps to establish the <u>priorities</u> of the LEA.

REGION IV, TEXAS EDUCATION SERVICE CENTER, SF, Houston, TX

Project Application Analysis Form. 1-18

REGION X, TEXAS EDUCATION SERVICE CENTER, SF, Richardson, TX

Consensus Report of Trial Adoption Phase Team. 1-19

Profile Data Sheet Form. 1-23

R.I.S.E. - PENNSYLVANIA STATE FACILITATOR, SF, King of Prussia, PA

Suggestions for a School District in Preparing a Needs Statement as Part of the Adoption Process. 1-24

The open structure of this form allows for differences between projects. It is a helpful tool for getting local districts to specify sources of need and make their plans concrete.

EARLY CHILDHOOD PREVENTIVE CURRICULUM DEMONSTRATION CENTER

Dade County Public Schools
550 N. E. 19th Street
Miami, Florida 33132
(305) 350-3712

POTENTIAL ADOPTER NEEDS ASSESSMENT

The following criteria are to be considered by a school district in the decision making process for adoption of this program model.
The project can assist direct decision makers to develop plans for partial adoption or adaptation of the model if such is warranted by adopter needs. Technical assistance can be made available to develop Title IVC proposals for adoption/adaptation of the program.

	Yes	No
1. High rate of unsuccessful first graders in previous years.		
2. Ability to limit model class size to 20 high risk students		
3. Experienced primary teacher willing to implement the program		
4. Availability of full-time paraprofessional aide.		
5. Parental support of program.		
6. Community/School Board support of program		
7. Administrative support at the district level.		
8. Administrative support at the school level.		
9. Availability of supervisory personnel for ongoing support of program.		
10. Primary classroom available for model.		
11. Availability of specified curriculum materials.		
12. Funding capabilities to support program are available		

Position _____
parent, aide, reading teacher, classroom teacher, principal, etc.

HERE'S HOW MY BUILDING'S REMEDIAL READING PROGRAM WORKS:

Check any that fit:

FOR WHOM?

___Kids selected by standardized test: _____
name of test

___Kids selected by classroom teachers.

___Other _____
please describe

BY WHOM?

___Children taught by aide(s).

___Children taught by reading teacher(s).

___Other _____

___Reading instruction supervised/coordinated by _____

_____

WHEN?

___Every day for _____ minutes.

___Other _____

WHERE?

___Regular classroom.

___Separate room.

___Other _____

HOW?

___One type of instructional material: _____
name of material

_____

___Combination of instructional materials.

___Individual tutoring.

___Small group instruction.

___Other _____

HOW DO YOU KNOW IT'S WORKING?

___Pre- and posttesting, using _____
name of test

___Continuous progress checks _____
describe

_____

___Other _____

HERE'S HOW I FEEL ABOUT OUR REMEDIAL READING PROGRAM:

	Fine	Not Sure	Need to Improve
1. Selection of children to receive remedial instruction.			
2. Diagnosis of reading problems.			
3. Teaching to improve skill weaknesses.			
4. Teaching materials used.			
5. Organization (that is pull-out, individual tutoring, aide in classroom, etc.).			
6. Inservice (supervision, coordination, assistance to instructors).			
7. Kids' feelings about remedial reading instruction.			
8. Coordination/cooperation between classroom teachers and reading teachers.			
9. Evaluation procedures (HOW progress is measured).			
10. Results (children's actual reading progress).			

AND FURTHERMORE:

The BEST thing about our program is _____

_____

_____

_____

But what we NEED is _____

_____

_____

_____

FLAGSTAFF REMEDIAL READING PROJECT

"HERE'S HOW MY BUILDING'S REMEDIAL READING PROGRAM WORKS"
A Summary from Snowflake Personnel

December 6, 1977

Number Responding	Who Responded	Kids Selected by Standardized Tests	Kids Selected by Classroom Teachers	Other	Taught by Aides	Taught by Reading Teachers	Coordinated by--	Time Spent Each Day: 30 min. or more	Time Spent Each Day: 30 min. or less	Time Spent Each Day: Other	Regular Classroom	Separate Room	Other	Materials: One Type of Instructional Material	Materials: Combination of Materials	Method of Instruction: Individual Tutoring	Method of Instruction: Small Group Instruction	Method of Instruction: Other	Method of Evaluation: Pre-/Post-testing	Method of Evaluation: Continuous Progress Checks	Method of Evaluation: Other
8	Teachers	5	7	3	8	8	teachers	6	1	0	2	8	1	1	6	7	7	0	6	6	
15	Aides	13	9	0	15	10	Mr. Ayrles	5	0	5	9	10	0	1	11	12	10	0	8	6	0
5	Principals	5	5	1	5	3	principals	3	1	1	3	5	0	2	4	5	5	0	5	4	0
5	Parents	5	5		5	3	Mrs. Jackson	1	2		2	4	0	3	2	3	3	1	4	1	0
3	Others	2	3	0	3	2	no answer	1	1	0	1	3	0	1	2		2	0	1	1	0

Tests used selection:
- Metropolitan
- Woodcock
- Sucher-Allred
- Bond, Balow, Hoyt
- Parent requests
- Combination of tests

Coordinated by:
- Teachers
- Principals
- Mr. Ayrles
- Gary Brewer & Leland Smith
- Mrs. Jackson

Type of instructional materials:
- Grant Von Harrison
- Distar
- Classroom reading book
- Storybooks - fictional; workbooks
- Economy Series ?

Tests used for Pre-/Post-testing:
- Woodcock
- Sucher-Allred
- Harrison
- Metropolitan
- Gates
- Slosson

1-9

I-C-E DEVELOPER/DEMONSTRATOR PROJECT
ENVIRONMENTAL EDUCATION STAFF INTEREST CHECKLIST

Dear Teacher:

Project I-C-E (Instruction-Curriculum-Environment) can provide inservice and technical assistance to teachers in other schools with a demonstrated need and interest in adopting/adapting an environmental education program. We can service a limited number of schools, hence, to help us and your school system determine level of need and interest, please complete this simple checklist. Please provide the information at the bottom of the form for our records and potential rostering. Your responses are confidential information and will in no way jeopardize your status or position.

	Yes	Sometimes/ Maybe	No
1. Maintaining environmental quality must be of concern to all individuals	___	___	___
2. Education at all levels should be directed toward environmental issues.	___	___	___
3. A school system should have a general philosophy supporting environmental education.	___	___	___
4. All teachers should include environmental units/activities in my classes.	___	___	___
5. As a teacher I do include environmental units/activities in my classes.	___	___	___
6. Environmental curriculum materials and instructional strategies would help me teach environmentally.	___	___	___
7. I would be interested in investigating different approaches to environmental education.	___	___	___
8. I would be willing to commit a reasonable part of my instructional effort to adopt/ adapt the essential core of an environmental education program.	___	___	___

Comments: (Use other side of sheet.)

Please provide the following information:

Name_____

Grades/Subjects you teach_____

School District_____

Please return to school office promptly--thank you.

OCCUPATIONAL VERSATILITY
PROGRAM ANALYSIS

The purpose of this analysis is for you to look at your program in terms of the goals and objectives of the Occupational Versatility method.

This form is divided into six sections. The first is Demographic Data, the second is Instructors Training, and the next four respectively are: Facility, The Program, The Student Role, and The Teacher Role.

You are asked to answer the questions in the third through sixth sections in two ways; first, as to "what you are now doing," and second, "what you would like to do."

Please remember that since Occupational Versatility is a method that can be adopted or adapted, your goals and objectives may differ from the stated positions. The purpose of this analysis is to assess your program as to its relationship to the total Occupational Versatility objectives. This is not an evaluation of the quality or the operation of your program.

I. DEMOGRAPHIC DATA

School _____ District _____

City _____ State _____ Grade Levels _____

Total Enrollment _____ Check one: Rural ____ Surburban ____ Urban ____

Number of students in program: 6th Grade: boys____ girls____ 7th Grade: boys____ girls____

8th Grade: boys____ girls____ 9th Grade: boys____ girls____

Check one: Required course____ or Elective Course____ Total number of sections (periods)____

Number of O.V. Instructors ____ Average ratio of students/instructors (in a section) _____

Maximum number of weeks student can be in program during the school year: 6th Graders ____

7th Graders ____ 8th Graders ____ 9th Graders ____ Periods per day _____ Length of Period _____

II. INSTRUCTORS TRAINING

1. The instructor/instructors has/have a copy of the Occupational Versatility Installation Manual. (Career Exploration/Industrial Arts). Yes ____ No ____

   a. This manual has been; extremely valuable____ valuable____ of little help____ of no value____.

   b. I/we followed the manual; step by step____ as needed____ slightly____ not at all ____.

2. The instructor/instructors had a workshop on the O.V. method. Where? _____ When? _____ Presentor _____

3. The instructor/instructors visited a demonstration site. Where? _____ When?_____How many days?_____

4. The instructor/instructors have an individual in administration to assist in the installation of the program. Who? _____ Position?_____ Type of Assistance?_____

5. The instructor/instructors had/have a total budget of $_____ for program installation. Source of Funding_____

6. The instructor/instructors would characterize their program as:

   a. Adoption (copied it almost exactly) _____

   b. Adaption (took the things we liked and added them to our program) _____

   c. Adaption (redid the method to fit our needs) _____

COMMENTS _____

III. FACILITY

1. The Occupational versatility shop has _____ square feet.

2. The average square footage per student is _____ square feet.

3. The working area of the shop is _____ square feet in _____ room(s).

4. Back rooms and their area are:

Name of room_____ Area____ Sq. Ft. Name of room_____Area____Sq. Ft.

Name of room_____ Area____ Sq. Ft. Name of room_____Area____Sq. Ft.

For each statement circle the 2 most appropriate dots (one in the "Now Doing" column and one in the "Like to Do" column.)	"Now Doing" 0%	25%	50%	75%	100%	"Like to Do" 0%	25%	50%	75%	100%
5. Sample projects are displayed.	o	o	o	o	o	o	o	o	o	o
6. Sample project plan and procedure sheets are available.	o	o	o	o	o	o	o	o	o	o
7. A bookcase is provided for student notebooks.	o	o	o	o	o	o	o	o	o	o
8. There are plug-in boxes in each working area for student notebooks.	o	o	o	o	o	o	o	o	o	o
9. Display panels, tool panels and tools in each area are color coded.	o	o	o	o	o	o	o	o	o	o
10. Signs identify each area and safety zones.	o	o	o	o	o	o	o	o	o	o
11. Instructional media is available for each area, either centrally located or in the areas.	o	o	o	o	o	o	o	o	o	o
12. Career information material is available for students.	o	o	o	o	o	o	o	o	o	o
13. Machines are color coded to industrial standards.	o	o	o	o	o	o	o	o	o	o
14. Materials are open stored for students to use.	o	o	o	o	o	o	o	o	o	o
15. Materials, tools and equipment are identified with labels.	o	o	o	o	o	o	o	o	o	o
16. Planning stations are in or nearby each area for students to do their planning.	o	o	o	o	o	o	o	o	o	o

COMMENTS_____

_____

IV. THE PROGRAM

If you have the area in your program - leave the item blank:
If you are planning to add the area - draw a circle around it:
If you are not planning the area - cross it out:
If you have an area not listed - add it in the blank:

EXAMPLE
Woods
(Sheet Metal)
~~Foundry~~
Atomic Energy

WOODS - Hand Woodworking - Machine Woodworking -
Laminating - Carpentry - Cabinetmaking - _____ - _____

METALS - Sheetmetal - Benchmetal - Machine Metal -
Foundry - Forge - Gas Welding - Arc Welding - _____ - _____

PLASTICS - F.R.P. - Acrylics - Foam - Injection Molding -
Resin Casting - Vacuum Forming - Dispension - _____ - _____

GRAPHICS - Relief Printing - Intaglio Printing - Screen Printing -
Planographic Printing - Book Binding - Photography - _____ - _____

DRAWING - Freehand - Drafting - Technical Illustrating -
Architectural - Blueprint Reading - _____ - _____

ELECTRICITY/ELECTRONICS - House Wiring - Communication -
Appliance Repairing - Theoretical Electricity - _____ - _____

POWER/ENERGY - Internal Combustion - Hydraulics - Diesel -
Jet - Solar - _____ - _____

GENERAL INDUSTRY - Construction - Manufacturing - Concrete -
Masonry -Plumbing - Drywall - Tile - Roofing - Glass - _____ - _____

CRAFTS - Leather - Enameling - Copper Tooling - Lapidary -
Candle Making -Wood Carving - Ceramics - Jewelry - _____ - _____

COMMENTS_____

_____

V. STUDENT ROLE

A space is provided after each statement for your comments or clarification.

For each statement circle the 2 most appropriate dots. 1 in the "Now Doing" column and 1 in the "Like To Do" column.	"Now Doing"					"Like To Do"				
	Never	Seldom	Sometimes	Often	Always	Never	Seldom	Sometimes	Often	Always
1. The student is responsible for his/her attendance record	o	o	o	o	o	o	o	o	o	o
" " material purchases	o	o	o	o	o	o	o	o	o	o
" " equipment operation record	o	o	o	o	o	o	o	o	o	o
" " performance record	o	o	o	o	o	o	o	o	o	o
" " planning records	o	o	o	o	o	o	o	o	o	o
" " project evaluation	o	o	o	o	o	o	o	o	o	o
2. The student maintains a notebook that contains his/her records.	o	o	o	o	o	o	o	o	o	o
3. The students work individually or team together if they desire.	o	o	o	o	o	o	o	o	o	o
4. The student may elect the area to work in and the project he/she wishes to do, under guidance.	o	o	o	o	o	o	o	o	o	o
5. The student is counseled to work in all areas.	o	o	o	o	o	o	o	o	o	o
6. The student is counseled to gain proficiencies in each area.	o	o	o	o	o	o	o	o	o	o
7. The student is graded, not with letter grades, but on a pass/fail system.	o	o	o	o	o	o	o	o	o	o
8. The student is responsible for learning how to do a process and learn through:										
loop films	o	o	o	o	o	o	o	o	o	o
cassette tapes	o	o	o	o	o	o	o	o	o	o
instruction sheets	o	o	o	o	o	o	o	o	o	o
film strips	o	o	o	o	o	o	o	o	o	o
books	o	o	o	o	o	o	o	o	o	o
other reference materials	o	o	o	o	o	o	o	o	o	o
other students	o	o	o	o	o	o	o	o	o	o
teacher demonstrations	o	o	o	o	o	o	o	o	o	o
9. The student may select a project in each area that is completely planned.	o	o	o	o	o	o	o	o	o	o
10. The student can modify a design if he/she so desires.	o	o	o	o	o	o	o	o	o	o
11. The student may design his/her own project if desired.	o	o	o	o	o	o	o	o	o	o
12. The student is responsible to										
(a) prepare him/herself for a machine operation, and	o	o	o	o	o	o	o	o	o	o
(b) demonstrate his/her proficiency	o	o	o	o	o	o	o	o	o	o
13. It is the student's responsibility to work out solutions to problems.	o	o	o	o	o	o	o	o	o	o

V. STUDENT ROLE (continued)

	"Now Doing"					"Like To Do"				
	Never	Seldom	Sometimes	Often	Always	Never	Seldom	Sometimes	Often	Always
14. The student is responsible to use his/her time productively and have redords to prove his/her accountability.	o	o	o	o	o	o	o	o	o	o
15. The student sets his/her own goals and work toward them at his/her own rate.	o	o	o	o	o	o	o	o	o	o
VI. TEACHER ROLE										
1. Problems are dealt with by the students, with the teacher interceding only for reasons of safety, material waste or as a last resort.	o	o	o	o	o	o	o	o	o	o
2. The selection of the project is the student's problem and the teacher assists the student as necessary.	o	o	o	o	o	o	o	o	o	o
3. If the teacher must intercede, it is done in an inquiry manner.	o	o	o	o	o	o	o	o	o	o
4. The teacher counsels with students when they are planning their projects.	o	o	o	o	o	o	o	o	o	o
5. When counseling with a student, the teacher looks at the student's notebook.	o	o	o	o	o	o	o	o	o	o
6. Projects are not graded, but										
(a) the teacher and student compiete the satisfaction index	o	o	o	o	o	o	o	o	o	o
(b) the teacher and student confer on the student's performance	o	o	o	o	o	o	o	o	o	o
7. Students with low opinions of their work are rewarded by										
(a) taking a picture of their project, or	o	o	o	o	o	o	o	o	o	o
(b) displaying it in a display case	o	o	o	o	o	o	o	o	o	o
8. All students have open access to the materials they need.	o	o	o	o	o	o	o	o	o	o
9. The students are trusted to accurately price and record their material costs.	o	o	o	o	o	o	o	o	o	o
10. The students are allowed to prepare themselves for a process or operation they wish to do.	o	o	o	o	o	o	o	o	o	o
11. The teacher takes roll and maintains the student's attendance record.	o	o	o	o	o	o	o	o	o	o

COMMENTS _____

STRATEGIES IN FARLY CHILDHOOD EDUCATION

Survey of Project Objectives

Directions: Please check the appropriate box on the right that best reflects your classroom practices.

Name _____ Date _____

Grade _____ School _____ District _____

	MY TEACHING IS DEPENDENT UPON THIS.	I HAVE BEGUN TO INCORPORATE IN MY TEACHING.	I AM UNDECIDED ABOUT THIS APPROACH.	I AM UNAWARE OF THIS APPROACH.	I KNOW ABOUT THIS, BUT AN UTILIZING ANOTHER STRATEGY.
A. The theoretical model and concepts regarding development in the following areas are utilized as basic curricular objectives for children:					
1. Visual					
2. Auditory					
3. Verbal					
4. Motoric					
B. The Early Childhood Assessment Instrument is given to my classroom and the results are profiled.					
C. In connection with the assessment the Chart of Sequenced Objectives is followed in developing daily lesson plans.					
D. Classrooms reflect a diagnostic-prescriptive program with structured learning centered activities.					
1. Centers related to visual, auditory, motoric, and verbal objectives.					
2. Centers related to cognitive levels.					
3. Centers have self-correcting teacher-made materials.					
4. Centers incorporate commercial materials.					
E. Prescription periods are structured where children are assigned to centers and where self-selection of centers is also encouraged.					
F. The Chart of Pupil Progress is maintained in order to indicate pupil progress towards prescribed goals as well as to plan prescriptive programs.					
G. Parent involvement:					
1. Individual conferences are based upon child's progress according to the Chart of Objectives.					
2. Parent volunteers assisting in the screening.					
3. Parent volunteer aides assisting in the classroom.					
4. Group meetings for parents to explain the individualized program.					

PRIORITY AREA NEEDS ASSESSMENT

Please return as soon as possible. Address is on the reverse side for return.

District's Name_____

Name of Person
Providing Information_____

Position_____

From the following curricula areas, please indicate the ten (10) which you feel your district will need the most assistance with next year. Rank them one (1) through ten (10) with one (1) being the most critical need. Use the space on the reverse side of this form for comments, questions, or other information which will help us become aware of your needs.

All Levels	Elementary	Junior High	Senior High	
				Reading
				Math
				Career Education
				Art-Culture
				Learning Disabilities
				Handicapped
				Pre-School (Parent Involvement)
				Early Childhood
				Bilingual-Ethnic Education
				Migrant
				Individualized Programs

Other curricula areas - please list.

_____

_____

_____

All Levels	Elementary	Junior High	Senior High	
				Vocational Education
				Physical Education
				Administrative Organization
				Alternative Education Program
				Student Self-Concept
				Decision Making-Value Clarification
				Environmental Education
				Guidance Programs
				Instructional Techniques
				Use of Community
				Social Sciences
				Language Arts

(See Reverse Side)

Nebraska and Iowa State Facilitator
Glenn Clarkson, Project Director
2407 Chandler Road
Bellevue, Nebraska 68005

Comments: _____

Fold on dotted line -
Staple and Return

REGION IV DIFFUSION PROJECT

Project Application Analysis Form

FORM A

DISTRICT/SCHOOL NAME_____

NAME OF PERSON PROVIDING INFORMATION_____

POSITION_____ PHONE_____

I. Needs Assessment

A. Check only the area(s) for which your district/school has evidence of need.

___Language Arts	___Career Education	___Alternative Education
___Math	___Guidance	___Environmental Education
___Reading	___Physical Education	___Fine Arts
___Science	___Special Education	___Use of Community
___Social Science	___Vocational Education	___Staff Development

B. By what means was the evidence developed? (check all which apply)

___Region IV Needs Assessment	___Interviews
___Local Needs Assessment	___Surveys, questionnaires
___Standardized Tests	___Classroom observations
___Staff developed (non standardized) Tests	___General school records (absenteeism, vandalism, etc.)

C. Which groups were involved in producing the evidence of need(s)? (check all which apply)

___Teachers	___School Administrators	___Students
___School Board	___Community Representatives	___Parents

D. What programs with promising practices have you identified that will help meet local needs? Circle number of program that most nearly meets need.

1. _____ 2. _____

3. _____ 4. _____

E. What specific local needs will be met by the program(s)?

II. Expectation for continuance (if program is adopted/adapted) after the first year?

III. Will your district be agreeable to allowing visitors to the adoption/adaption site?

___Yes ___No

IV. Will you provide reports to the Developer/Demonstrator and the Region IV Diffusion Project as necessary?

Yes No

CONSENSUS REPORT OF TRIAL ADOPTION PHASE TEAM

The topics listed on this form as well as others the group may want to address, should be considered by the Trial Adoption Team. Consensus of the group should be sought and that consensus recorded on the form as approved by the group. When completed and reviewed the general tone of the entire Consensus Form should serve as a clear cut directive to your Trial Adoption Team as to the advisability of your school pursuing approval to become an adopter site in terms of being able to meet the commitments you and your Superintendent will be asked to sign individually as well as as a school group.

When adequate time has been provided for discussing areas of concern and drafting a consensus statement about each concern, the Trial Adoption Team should then come to consensus regarding acceptance or rejection of further effort to become an adopter site.

Record that consensus--whether rejection or acceptance--in a letter, include a copy of the completed Consensus Form and return to the Facilitator Project at Region 10.

If you elect not to pursue adopter status your involvement with the Facilitator Project ends at that point.

If you elect to continue in your efforts to become an approved adopter, additional Trial Adoption Phase activities are outlined for you.

CONSENSUS REPORT OF TRIAL ADOPTION TEAM

District _____ Campus _____ D/D Project _____

I. Local Needs the Developer/Demonstration Project will meet

II. Suitability of Developer/Demonstration project to your:

A. Building facilities (space, storage, furniture,etc.)

B. School population (what are likenesses and differences to Developer/Demonstration Project population)

C. Community setting (compared to Developer/Demonstration Project's setting)

D. Instructional organization of your school?

E. On hand materials, equipment, hardware, other resources (what you have/what you'll need)

III. Support and Commitment for Successful Implementation

A. Administrative Support and Commitment (all levels)
(How is this support evidenced?)

B. Faculty and Staff Support and Commitment (Are most willing to give the extra time and effort this will require?)

IV. Meeting Developer/Demonstration Project's Requirement for Training and Implementation

A. Do you have sufficient number of people willing to be trained?

B. Do you have district approval for these people to participate in training?

C. Are there any time considerations as to when your district wishes training?

D. Is your faculty agreeable to additional in-service spaced throughout implementatio if required?

E. What is to be your organization within the faculty for implementation? (outline roles and responsibilities)

F. When would you begin implementing the Developer/Demonstration Project on your Campus?

G. In what ways might you seek parent and/or community involvement in implementing the Developer/Demonstration Project on your campus?

V. Other Considerations:

A. Funds for unexpected program expenses (small things like poster board or paper clips)

B. Expectations for continuance of program after this year.

C. What policy will you make regarding observation visits by other educators?

D. What are your biggest concerns regarding implementing the Developer/Demonstration Project on your campus?

E. Do you think these can be dealt with to your satisfaction?

F. Is this project worth getting into in spite of/because of all these considerations?

State Facilitator Project
Region 10, Texas
Form 3

PROFILE DATA SHEET FOR _____
(campus)

_____, Texas
(District)

I. Please state a rationale for selection of this project to adopt in your district.

II. School Population

Grades included on this campus _____

Total student population on this campus _____

Total professional staff number _____

How many students will be directly involved in this adoption? _____

How many teachers will be directly involved? _____

How many administrators will be directly involved? _____

How many aides will be directly involved? _____

Does your district have a specialist working in the area with which the Developer/Demonstrator project deals? _____

Please describe any expertise, experience or special interests among the faculty which you feel will be especially helpful during implementation of this program.

III. School Plant

Describe the physical structure of your building.

RISE
RESEARCH AND INFORMATION SERVICES FOR EDUCATION
198 ALLENDALE ROAD KING OF PRUSSIA, PA. 19406
215 - 265-6056

Suggestions for a school or school district in preparing a need statement as part of the adoption process:

- Describe briefly the reasons for the investigation of new programs
- Type of assessment or instrument used as the basis for need assessment
- Population addressed
  Identification of program area
- Educational goal for program improvement
- Number of classes/schools in the district expected to be affected by the change

A Service of the Montgomery County Intermediate Unit.

SECTION TWO

PREWORKSHOP INFORMATION-GATHERING FORMS

The preworkshop information-gathering form, generally used for awareness and inservice training workshops, can be employed toward two ends.

- It can indicate to the Developer Demonstrator (D/D) or State Facilitator (SF) a Local Education Agency's (LEA's) need for awareness information or personnel training, allowing the workshop to be adjusted accordingly.

The preworkshop information-gathering form can convey to the D/D or SF the LEA's need for more program or training information. By including a list of interest areas and encouraging the LEA to check those it would like to see covered in the workshop, the D/D or SF can determine just where to start with the LEA. (Forms of this type should be mailed well before the awareness or training workshop, thus allowing time for such an adjustment process.)

- The form can serve as a preregistration blank for awareness or inservice training workshops.

A space on the form for the LEA to list persons interested in attending the workshop can tell the D/D or SF three things: (1) quantity of materials, supplies, and facilitites needed for workshop; (2) whether there is a need for more than one session (due to number of people interested); and (3) how to arrange workshop format (i.e., whether to work with large groups, small groups, or both).

Remember, the preworkshop form is beneficial to all parties involved. Information on LEA progress, interest, and needs is as important to the LEA as it is to the D/D or SF; all participants have a stake in the outcome of the adoption.

In designing a preworkshop information-gathering form, keep the following in mind:

(1) Be sure to include "who, what, when, where, and why" information.

(2) Allow for a variety of possible interests.

SECTION TWO

PREWORKSHOP INFORMATION-GATHERING FORMS

PROJECT ADVENTURE, D/D, Hamilton, MA

Workshop/Awareness Interest Form 2-5

An effective method of keeping track of phone calls, conversations, and other preliminary evidence of interest.

PROJECT CATCH-UP, D/D, Newport Beach, CA

Inservice at Project Catch-Up Form 2-6

Sent by mail to district personnel planning to visit the D/D site; provides travel and accomodations information and outlines service available.

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS (ESSP), D/D, Flemington, NJ

Registration Form for a Three-Day Workshop 2-8

Registration forms get better results if prospective registrants know what the program and the workshop consist of. Therefore, in use, a project description accompanies this form.

FAMILY ORIENTED STRUCTURED PRESCHOOL ACTIVITY (SETON HALL PROGRAM), D/D, St. Cloud, MN

FOSPA Pre-Service Workshop 2-9

PROJECT KARE (KNOWLEDGEABLE ACTION TO RESTORE OUR ENVIRONMENT), D/D, Blue Bell, PA

Workshop Registration 2-10

KARE requires teams (composed of administrators, teachers, students, and community members) for their workshops. This form assists the LEA in getting its team together.

PEGASUS-PACE: CONTINUOUS PROGRESS READING PROGRAM: PERSONALIZED EDUCATIONAL GROWTH AND SELECTIVE UTILIZATION OF STAFF -- PERSONALIZED APPROACH TO CONTINUOUS EDUCATION, D/D, Tuscaloosa, AL

Pre-registration Information Form 2-11

Note that this form, besides its obvious function, also gathers information needed for reports to various agencies. No address is requested from the contact person; it was found to be an unnecessary item (although a phone number is called for, for possible emergency use). No payment is required for attendance at this workshop, so prepayment cannot be used to ensure attendance. Therefore, the signature device has been employed to make the client take the process seriously.

REMEDIATION FOR CHILDREN WITH LEARNING DEFICITS THROUGH PRECISION TEACHING: THE SACAJAWEA PLAN, D/D, Great Falls, MT

Trainee Information 2-12

This form gets the information desired, and because it is easy to fill out, it is generally returned quickly.

Interest Checklist 2-13

This indicating instrument provides quick surface answers concerning needs.

REGION IV, EDUCATION SERVICE CENTER, SF, Houston, TX

Awareness Data Form 2-14

Spacing will be closed up to allow for two or three additional entries. The same form (retitled) is used to collect training data.

PROJECT ADVENTURE

WORKSHOP/AWARENESS INTEREST FORM

Sponsoring Agency: _____

Address: _____

_____

Name of Contact Person: _____

Phone: _____

Type of Session: _____

Why offered: _____

Location: _____

Number of Days: _____

Tentative Dates: _____

Tentative Project Staff: _____

Estimated Number of Participants: _____

Who will the participants be? _____

Dollars Discussed: _____

Staff: _____
Travel: _____
Etc: _____
Considerations: _____

When will the following information be definite? _____
Dates: _____
Number of Participants: _____
Number of staff: _____
Dollars: _____

What preliminary work has Project Adventure agreed to do? _____
_____

What preliminary work has the sponsoring agency or others agreed to do? _____
_____
_____

Date: _____ Project Adventure
Staff Person _____

AN INVITATION

Inservice at PROJECT CATCH-UP

Friday-Saturday Schedule

WHERE - In Newport Beach and Costa Mesa, California

WE SUGGEST - From most points:

A flight to Los Angeles International and a commuter flight to Orange County Airport. (The 20 minute commuter flight via Golden West Airways is often included at no extra charge.)

Or from Texas and some Southeastern cities:

a flight to Phoenix and on to the Orange County Airport via Air West.

WE ARE - 5 miles from the airport.

ACCOMODATIONS - The Holiday Inn (Costa Mesa) has courtesy pickup service at the Orange County Airport.

A CAR - For greater convenience a one-day car rental helps visitors enjoy the area; however, theatres and a large shopping center are within walking distance of the Holiday Inn.

Our staff will be glad to call for you at the hotel on Friday but we have no one in the area on Saturday.

FOR FURTHER INFORMATION - Please write or call:

Fay Harbison
Director, Project Catch-Up
Newport-Mesa Unified School District
1601 Sixteenth Street
Newport Beach, CA 92663
Telephone (714) 556-3300

INSERVICE FOR PROJECT CATCH-UP

Inservice is available for adopters/adapters of Project Catch-Up, either on site in the Newport Beach, California location or on the adopter's site. To secure the inservice the following is necessary:

On Site

Inservice is a Friday-Saturday occurrence available at the Project Catch-Up laboratories throughout the school year except for the holidays (Thanksgiving, Christmas and Easter).

Summer inservice in the project may be scheduled by special arrangement with the project director.

To reserve a date - write or phone:

Fay Harbison Tele: (714) 556-3300
Director, Project Catch-Up
Newport-Mesa Unified School District
1601 Sixteenth Street
Newport Beach, California 92663

Supporting inservice: Travel costs of inservice is available in many cases through:

1. Title I funding within the adopting district itself.
2. The individual state facilitators (please contact Project Catch-Up for your state facilitator and his address).
3. Local district funds.

Inservice available at adopters site

1. This inservice takes place throughout the school year and during the summer.
2. Funding for such inservice is often available through Title I funds at the adopting district or the state facilitator, depending upon their budgets.
3. Project Catch-Up personnel receive only travel and expenses during this inservice.
4. Project Catch-Up pays its own staff salaries.
5. Write or phone to complete arrangements to your state facilitator or Fay Harbison, Project Catch-Up Director.

What is inservice?

Inservice at the local adopters site provides an opportunity to:

1. Witness the project in action,
2. Observe the movement of children in and out of the laboratory,
3. Evaluate the relationship between the project, the laboratory staff and the regular classroom teachers,
4. Study materials used in the laboratory,
5. Receive training on the administration of the tests used in the program,
6. Learn to operate all machinery used in the program,
7. See the "How-To" guides provided by the Project Catch-Up staff in operation.

Joining the Project Catch-Up network

The Project Catch-Up staff has shared its enthusiasm for its project with staffs of school districts in 25 states. If you become a project Catch-Up adopter you will be included in our project presentation and will receive the ideas in continuous development that we share among adopters. And of course you are welcome to visit any time you are in Southern California.

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS
Family Learning Center
225 Comstock Street
New Brunswick, New Jersey 08902
(201) 745-5000

Mrs. Anna Kelly, Project Director
Director of Pupil Personnel Services
New Brunswick Public Schools

REGISTRATION FORM FOR A THREE-DAY WORKSHOP
IN THE PROGRAM'S REPLICATION
July 22, 23, 24, 1976

On July 22, 23, 24, 1976 the staff of EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS will offer a workshop on the program's replication. The workshop will be held at the project site whose address is given above. The agenda is given below. Interested persons are asked to register at least one month in advance. Thank you for your interest and cooperation.

Agenda:

July 22	I	Orientation to the program
	II	Program's Objectives
	III	Organization
	IV	Community Involvement
July 23	V	Maternal and Child Health
	VI	Funding alternatives for local school districts
July 24	VII	Homemaking: A New Life Style
	VIII	Academic Instruction

REGISTRATION FORM

I plan to attend the workshop on July 22, 23, and 24, 1976. If I can attend only one or two days, I have noted that below.

Name _____ Position _____

Address _____

_____

I will attend (circle the appropriate days) July 22, 23, 24.

Please return this form to Mrs. Anna F. Kelly, Project Director, c/o The Family Learning Center, 225 Comstock Street, New Brunswick, New Jersey 08902.

Family Oriented Structured Pre School Activity

FOSPA PRE-SERVICE WORKSHOP

Date _____

Name _____

Street _____

City _____

Telephone _____

Educational Agency _____

Position _____

What type of program are you working on and/or planning?

_____

_____

_____

_____

_____

_____

_____

_____

"The beginning is the most important part of the work."

Plato

CARE WORKSHOP REGISTRATION

PROJECT KARE

Matthew M. Hickey, Director
Alan D. Sexton, Asst. Director
Randolph R. Tully, Environ. Spec.
Janet A. Hyland, Admin. Asst.

Colony Office Building
Route 73 & Butler Pike
Blue Bell, Pa. 19422
215-643-7600

Name of School: _____ Public: _____

Address: _____ Non-Public: _____

_____

_____

Name of School District: _____ Telephone: _____

Name of Chief School Administrator: _____ Telephone: _____

Contact Person: _____

Teaching Members of Team: _____ Content Area: _____ Grade: _____

_____ Content Area: _____ Grade: _____

_____ Content Area: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Administrator: _____ Title: _____

Name of Community Person: _____ Organization: _____

Principal Environmental Concern(s): _____

_____

_____

Return to:

Marie Sinclair, Director
Project: PEGASUS-PACE
Tuscaloosa City Board of Education
1100 - 21st Street, East
Tuscaloosa, Alabama 35401

Name _____

School System _____

County _____ State _____

PEGASUS-PACE
Pre-Registration Information Form for
Awareness/Demonstration/Training Workshop

November 30 - December 2, 1977

Our office must receive a completed form for each person who plans to attend the workshop. The following information is needed for cur records and must be received by November 25, 1977.

NAME: Miss Mrs. Dr. Mr. _____ HOME PHONE _____

TITLE AND /OR POSITION: _____ GRADE LEVEL (if applicable) _____

SCHOOL NAME: _____ SCHOOL PHONE: _____

SCHOOL ADDRESS: _____

_____
(City) (State) (Zip)

REGISTRATION FEE: A registration fee of $2.00 will be collected the first day of the workshop. Receipts will be furnished.

LOCATION: Tuscaloosa City Board of Education
Northington Campus
1100 - 21st Street, East
Tuscaloosa, Alabama

CHECK ONE BOX:

☐ My signature below constitutes my pre-registration for this workshop.

_____
(Signature)

☐ I will be unable to attend this workshop. I am interested, however, in receiving information regarding the other scheduled workshops.

(Office Use Only)

Date Received: _____

TRAINEE INFORMATION

Please complete this form and return it as soon as possible to:

Precision Teaching Project
Special Education Center
801 2nd Avenue North
Great Falls, MT 59401

I. School District Information:

A. Name of District_____

B. Number of Students in District_____

C. Number of Teachers in District_____

D. Address of District_____

E. District Phone_____

III. Information on Unit Members:

Name	School	School Address	Phone	Position and/or Grade Level

INTEREST CHECKLIST

The following are specific topics that could be discussed at the upcoming Precision Teaching workshop.
If you have an interest/concern and want additional information or clarification pertaining to that topic please indicate with a mark. In addition, please make a short statement relating your own particular needs in regards to that topic.

SCREENING_____

Needs:

Charting_____

Needs:

Remediation & Skill Building _____

Needs:

Data Decisions_____

Needs:

Management Tactics _____

Needs:

Other:

Please complete and return to your principal.

REGION IV DIFFUSION PROJECT

AWARENESS DATA FORM

Please indicate the person who is coordinating tnis program in your district:

PERSON_____TITLE_____PHONE NO._____DISTRICT_____

School personnel involved in the awareness for _____
Developer/Demonstrator Project

Personnel to be involved in the awareness: (use back of page when needed)

NAME	GRADE/POSITION	BUILDING/CAMPUS

SECTION THREE

ADOPTION AGREEMENTS

The adoption agreement often details what services the Developer/Demonstrator (D/D) and/or State Facilitator (SF) will provide; what is expected of the adopting Local Education Agency (LEA); and what the financial contributions of all parties will be. These specifications help to ensure that the adoption will be successful. The adoption agreement spells out the commitment between LEA, D/D, and SF. And when each party signs the agreement, an aura of legality is created, and the agreement becomes morally (but not legally) binding, as well.

Adoption agreements employ a variety of formats, depending on the needs of the D/D or SF. Some adoption agreements are process-oriented -- each stage of the adoption/implementation process is documented. Others are "quasi-contracts", complete with legal language and formality of execution (although, legally, they cannot be binding). Others serve as frameworks for the planning process and include budget worksheets and provisions for identifying issues yet to be resolved.

Here are some important elements of the adoption agreement as shared by Developer/Demonstrators and State Facilitators.

(1) It should include a statement of purpose or intent.

(2) The document should identify the <u>essential parts</u> of the exemplary program that <u>must</u> be implemented.

(3) It should be detailed -- who must do what, when, where?

(4) Provisions should be made for signatures of responsible officials representing LEA, D/D, and SF (as appropriate).

(5) Although the document cannot be legally binding, it does constitute a moral commitment.

The agreements presented in this section illustrate the kinds of forms used in the NDN.

SECTION THREE

ADOPTION AGREEMENTS

ADDED DIMENSIONS TO PARENT AND PRESCHOOL EDUCATION, D/D, Lakewood, CO

Adoption Agreement 3-6

Form has been revised for simplicity.

PROJECT ADVENTURE, D/D, Hamilton, MA

Adoption Agreement 3-7

Agreement was found too cumbersome, and was shortened and simplified considerably. State Facilitator's signature was made optional because many adoptions come through IV-C funds, and NDN SFs do not provide support in those cases.

ARIZONA CONSORTIUM FOR INDIVIDUALIZED LEARNING (ACIL), D/D, Mesa, AZ

Adoption Agreement 3-10

This form performs the function of solidifying the adoption agreement.

PROJECT CATCH-UP, D/D, Newport Beach, CA

Adoption Agreement 3-11

Recently revised to provide more "little details" (e.g., space for data, signature).

CONCEPTUALLY ORIENTED MATHEMATICS PROGRAM (COMP), D/D, Columbia, MO

Adoption Agreement 3-12

Previous version contained too many items; a simpler instrument was desired.

CURRICULUM FOR MEETING MODERN PROBLEMS (THE NEW MODEL ME), D/D, Lakewood, OH

Adoption Agreement 3-13

This form is not complex or threatening; it is easily understood.

DEMONSTRATION EVALUATION CENTER (CAM), D/D, Hopkins, MN

Adopter/Adapter Participation Contract 3-15

This contract: 1) identifies key people actually doing the work in the adopting district; 2) identifies the courses, grade levels, and numbers of pupils involved in the pilot (so that the developer can tell if a district is overreaching); and 3) specifies deadline dates to keep the adopting district on target. The form may be revised to include even more of these goal dates.

DISCOVERY THROUGH READING, D/D, Clarkston, MI

Application to Become an Adoption Site 3-16

This form is simple, direct, and to the point. It makes the essential aspects of adoption clear. Note that it is an application to become an adopter, not a final agreement form.

DIVERSIFIED EDUCATIONAL EXPERIENCES PROGRAM (DEEP), D/D, Wichita, KS

Adoption Contract 3-17

Title of this sheet will be changed to "Adoption Agreement" (rather than "contract," which has been found to have a threatening sound).

PROJECT I-C-E (INSTRUCTION-CURRICULUM-ENVIRONMENT), D/D, Green Bay, WI

Adopter Agreement 3-18

Strives to avoid confusion: a simple one-sheet statement that clearly defines terms of adoption, services and commitments, SF involvement, etc.

INSTITUTE FOR POLITICAL AND LEGAL EDUCATION (IPLE), D/D, Sewell, NJ

Producer-Consumer Agreement 3-20

This agreement has been condensed from a previous eight-page version. A shorter form has been found to be less imposing, and therefore more likely to get a signature.

THE ME/ME DRUG PREVENTION EDUCATION PROGRAM, D/D, Appleton, WI

Adoption Terms and Agreement 3-22

Projects sometimes find it difficult to get adoption evaluation done; this project writes it into its adoption agreement.

PROJECT SUCCESS FOR THE SLD CHILD, D/D, Wayne, NB

Memorandum of Agreement. 3-24

This form is used in conjunction with personal contact. Reliance on purely formal contact weakens results.

U-SAIL: UTAH SYSTEM APPROACH TO INDIVIDUALIZED LEARNING, D/D, Salt Lake City, UT

Adoption Agreement 3-26

This form has been kept brief intentionally. Results have been good.

COLORADO STATE FACILITATOR, SF, Longmont, CO

Adoption Agreement 3-27

Each of the three sections (Adopter, Facilitator, D/D) calls for a specific listing of adoption activities and costs for which each party agrees to be responsible; this avoids later misunderstanding, particularly about financial matters. The D/D is the last of the three parties to receive the agreement; D/D staff thus have an opportunity to examine the adopter's proposed implementation plan and either give approval to the plan as stated or list changes necessary to conform to D/D requirements. In the latter case, the Facilitator works with both parties to revise the plan to mutual satisfaction.

CONNECTICUT FACILITATOR PROJECT, SF, New Haven, CT

Adoption Agreement 3-30

Simplicity is a major strong point of this form.

REGION XVII, TEXAS EDUCATION SERVICE CENTER, SF, Lubbock, TX

Interagency Cooperative Agreement. 3-32

The agreement permits the clarification of roles. The LEA often needs such information when deciding whether (and to what degree) to adopt.

WYOMING INNOVATIVE NETWORK SCHOOLS-FACILITATOR, SF, Cheyenne, WY

Adoption Contract 3-34

This contract is designed to "tie the adopting district down" to its responsibilities.

ADDED DIMENSIONS TO PARENT AND PRESCHOOL EDUCATION
ADOPTION AGREEMENT

This constitutes an agreement between

I. To date the following activities have been completed by

II. The adopter agrees to

B. Submit a Follow Up - Report to include

III. The Developer/Demonstrator
agrees to

Dated _____ _____

Dated _____ _____

Project Adventure

PROJECT ADVENTURE
ADOPTION AGREEMENT

This agreement has been put together to clarify the relationship between your school system and Project Adventure. It outlines the activities, responsibilities and goals of both parties involved in the adoption process.

The Project is a somewhat complex one with two distinct components which can be adopted individually or together. These components are:

1) The Physical Education Program

Described in detail in the book, Cowstails and Cobras, this component usually involves the construction of a Ropes Course and the incorporation of group initiative problems, balance activities, games and outdoor skills into an existing Physical Education course.

2) The Academic Curriculum Program

Described in detail in the book, Teaching Through Adventure, the curriculum component involves the application of adventure techniques, methods, and approaches to academic courses in various disciplines. Normally these courses are characterized by first-hand experience, small group activity and out-of-classroom learning.

While there is no one way to adopt the project, there are a number of activities which normally take place during the course of an adoption. These are outlined in the agreement.

We're pleased that your school will be working with us. If you have any questions as you read through this letter of agreement, please feel free to get in touch with us. Obviously the agreement is not a legal or binding document. It is simply a formalized statement that we are embarking on a cooperative venture. It's ultimate success depends on the good will, energy, and commitment of all the persons involved.

Sincerely,

Robert R. Lentz

Robert R. Lentz
Project Director

RRL/ahs
Encl.

P.O. Box 157, Hamilton, Massachusetts 01936 Tel.(617) 468-1766

LETTER OF AGREEMENT BETWEEN

Project Adventure
P.O. Box 157
Hamilton, MA 01936
(617) 468-1766

and

School District _____

Address _____

_____ Telephone _____

Congressional District _____

Superintendent _____

School(s) Involved - Name _____

Address _____

_____

Designated Contact Person _____
[Someone in each school who is normally directly involved with program and can supply us with any necessary information.

Responsibilities of Project Adventure

1. To train teachers, administrators and/or instructors in the adopter schools.
2. To make curriculum materials available to the school(s).
3. To provide follow-up assistance (letters, phone calls, additional materials, etc.)
4. To collect information on the adoption as needed by the National Diffusion Network.
5. To provide adopter school(s) with sample models and methods for evaluation of adoption.
6. To evaluate training workshops.

Responsibilities of Adopter School(s)

1. To enable teacher(s) to receive training (check one or both) in the

   ____ Physical Education Component
   ____ Academic Curriculum Component
2. To appoint a designated contact person to serve as liaison between the Project and the Adoption.
3. To implement the Project Adventure program and plan to construct a Ropes Course if needed for the Physical Education component.

4. To evaluate the program once installed.
5. To provide Project Adventure and/or the National Diffusion Network with information on the adoption (including written reports on quality as well as statistical information).

Signature of Authorized Person Project Adventure	Signature of Superietendent or Authorized Person from Local School District
Date	Date

* NOTE: Project Adventure training is designed to train teachers to work primarily with students. Project Adventure does not train teachers to represent the Project, to train other teachers, or to run workshops in the name of Project Adventure.

ARIZONA CONSORTIUM for INDIVIDUALIZED LEARNING

Adoption Agreement

This is an adoption agreement between the Arizona Consortium for Individualized Learning and _____.

Contact Person: _____
Address of Adopting Agency _____
City/State/Zip _____
Telephone _____

Type of inservice requested: _____Administrative _____Second level
_____Teachers _____Trainers

The ACIL program hereby agrees to provide:

1. Appropriate inservice training for participating staff members (specific number of sessions and days outlined below).
2. All inservice materials for the participants.
3. Partial payment for inservice training (specific details to be outlined below).

The adopting agency _____agrees to provide:

1. A written outline of adopting agency plans for implementation.
2. All payment for travel and per diem.
3. Partial payment for inservice training (specific details to be outlined below).
4. On-site duplication services where needed.
5. All audio-visual equipment needed for inservice training.
6. Facilities for housing the inservice sessions.
7. On-site follow-up assistance and motivation to enhance adoption.
8. Released time for inservice training of participants.

Specific Additional Program Information:

ACIL will pay $_____/participant toward the inservice training authorized in this agreement.

The adopting agency will pay $_____/participant toward the inservice training outlined in this agreement.

_____days of inservice training will be provided by ACIL staff.

_____ _____
Authorized Agent of Adopting Agency Signature of Contact Person

_____ _____
Date Date

_____
ACIL Representative

_____
Date

PROJECT CATCH-UP ADOPTION AGREEMENT
a Project of the National Diffusion Network

A school district interested in adopting or adapting Project Catch-Up needs to be able to:

1. Provide a laboratory of any size (We started in a closet but at the present time have a classroom.)
2. Administer standardized and diagnostic tests to participating children.
3. Provide professional instruction to meet diagnosed needs.
4. Use high interest materials insofar as they are available.
5. Provide one single-page report annually to the National Diffusion Network through the Project Catch-Up staff regarding the progress of children.

The Project Catch-Up staff will provide at no charge:

1. Project implementation catalogs
2. "How-to" guides
3. Variable budget suggestions
4. A starter kit of principal instructional items
5. Copies of tests recommended
6. Technical assistance to apply for funding where needed
7. Inservice if arranged through State Facilitator or Title I.

A PIP, a complete three-ring binder prepared through the United States Office of Education is available for school districts which would like a step-by-step guide to adapt the project.

No inservice is required; however it is highly encouraged. One visit to the original project site by at least one member of the staff who will adopt or adapt the program is highly encouraged. If inservice is impossible, the school district is encouraged to request training at its site through the state facilitator.

If you decide to select Project Catch-Up to adapt to your needs, please complete the information below and return to Fay Harbison (address listed). Your materials will be sent immediately.

Fay Harbison (Signature)
Project Catch-Up Director

Newport-Mesa Unified School District
1601 Sixteenth Street
Newport Beach, CA 92663

Adopting School Principal or Supervisor (Signature)

School

Address

Date

3-12

AGREEMENT BETWEEN DEVELOPER/DEMONSTRATOR AND ADOPTING SCHOOL DISTRICT

FOR THE REPLICATION OF THE

CONCEPTUALLY ORIENTED MATHEMATICS PROGRAM

I. Degree of involvement

___Total adoption of the COMP Project

___Partial adoption of the COMP Project

___Adaption of the COMP Project

STATE_____

School/District_____

Contact Person_____

Address_____

Phone_____

Adoption/Adaption by

_____District_____School

Grades: 1-8_____
1-6_____
1-3_____
4-6_____
6-8_____
other_____

Number of Students_____

Number of Teachers_____

II. Training: Two days

a. C.C.I
   1. Provide staff for one day prior to implementation.
   2. Continue training for one day of technical assistance following implementation

b. L.E.A.
   1. Arrange for all teachers in the program to attend.
   2. Provide for all principals of participating schools to attend.

III. Implementation: L.E.A.

1. Select a person to serve as a contact person and coordinator for the project.
2. Continue the COMP Program for one year.
3. Arrange with COMP Consultants, Inc. for technical assistance as needed.

Your signature is an indication of your intention to adopt the Conceptually Oriented Mathematics Program in your school. COMP Consultants, Inc., is indicating a commitment to assist you in anyway that staff and funds permit.

_____
C.C.I. Director

_____
L.E.A. Agent

_____
Date

_____
State Facilitator

PLEASE RETURN TO: COMP Consultants, Inc.
Alta M. Harness, Director
1414 I-70 Drive, S.W.
Columbia, MO 65201
Tele: 314/449-0881

CURRICULUM FOR: meeting modern problems
THE LAKEWOOD BOARD OF EDUCATION 1470 WARREN ROAD LAKEWOOD, OHIO 44107
(216) 579-4267

ADOPTER COMMITMENT TO THE DEVELOPER/DEMONSTRATOR

School Name _____
School System _____
Address _____
_____
Phone _____

A commitment on the part of an Adopter to work with the Developer/Demonstrator to implement The New Model Me implies that the Adopter agrees to provide the following:

____ 1 - Evidence of an existing need that matches the product available from the Developer/Demonstrator.

____ 2 - An indication that utilization of the affective type of curriculum presented in The New Model Me is commensurate with the philosophy of the school system and the community.

____ 3 - Funds supplied by the Adopter and/or the State Facilitator for the purchase of adequate amounts of the curriculum, a minimum of two days of released time for teachers or teacher-trainers to attend a two-day workshop, travel and per diem for Adopter personnel if necessary, and other expenses related to a school system's implementing and maintaining the curriculum.

____ 4 - Invitations to non-public schools in the area that show interest in participating in the workshop phase of the adoption process if the in-service is done on the Adopter site.

____ 5 - A corps of personnel including decision-making individuals in administrative and supervisory capacities, and teachers who will be involved with the entire process of implementation from "first level" awareness through in-service workshops to ultimate adoption.

____ 6 - Instructors willing to adopt the core of the project which includes:
- Incorporation of the Causal Approach to Human Behavior in their classrooms
- A reasonably non-judgmental and experiential classroom for discussing topics in the affective domain
- Utilization of The New Model Me with the following minimal requirements:
  - Instruction in Unit 1 and at least one other unit
  - 15 classroom sessions (35-45 minutes) per curricular unit
  - 30 classroom sessions per year

____ 7 - The degree of flexibility that will undoubtedly be necessary throughout the year to enable the Developer/Demonstrator to meet timetables established.

____ 8 - Commitment to evaluate the implementation process and the impact of the program on the students through meeting the evaluation requirements established by the Developer/Demonstrator and/or the State Facilitator.

State Facilitator (Date)

Superintendent (Date)
(or Designated Official & Position)

(OVER)

CURRICULUM FOR meeting modern problems

A DEVELOPER/DEMONSTRATOR PROJECT IN THE U.S.O.E. NATIONAL DIFFUSION NETWORK
THE LAKEWOOD BOARD OF EDUCATION 1470 WARREN ROAD LAKEWOOD, OHIO 44107
(216) 579-4267

DEVELOPER/DEMONSTRATOR COMMITMENT TO ADOPTER

A commitment on the part of the Developer/Demonstrator to work with an Adopter to implement The New Model Me implies that the Developer/Demonstrator agrees to provide the following:

____ 1 - Necessary personnel and materials to conduct a two-day in-service program with the Adopters at either the Adopter or Developer/Demonstrator site at a time to be mutually agreed upon.

____ 2 - The opportunity for the Adopter to visit the Developer/Demonstrator site for a classroom visitation and/or in-service training.

____ 3 - Funds to cover Developer/Demonstrator travel and per diem expenses when doing in-service on the Adopter's site and/or will take the initiative in making arrangements to share the expenses with the State Facilitator or Adopter.

____ 4 - Technical (follow-up) assistance provided to Adopter School by:

- responding to the questions or difficulties of Adopter, and sharing the pitfalls and successes encountered by other Adopters

- revisiting the Adopter site when appropriate to observe the method and degree of implementation, and to provide suggestions

- offering a supportive curriculum clinic run by the Developer/Demonstrator and/or State Facilitator in the Adopter's state or region, or at the Developer/Demonstrator site

____ 5 - The degree of flexibility that may be needed to meet the scheduling situations in the Adopter School.

____ 6 - A rudimentary evaluation design to assess the effectiveness of the implementation process and the curriculum's impact at the adopter site.

_____ _____
Project Director Date

_____ _____
State Facilitator Date

ADOPTER/ADAPTER PARTICIPATION CONTRACT

Yes, we would like to adopt/adapt the CAM program during the _____ school year and agree to the obligations of the cooperating schools and the intent of the program.

_____
signed

_____
Cooperating District

Our District's CAM Center Coordinator_____Phone_____
(Suggested job description: direct liaison with Evaluation Center, supervisor of clerical service, responsible for seeing data is sent to computer and returned with explanation to teachers --- detailed knowledge of CAM and its procedures.)

Our keypunch equipment and computer programs will be implemented by:

_____
date

We plan to start developing test bank on _____
date

Besides the Coordinator, the following certified and clerical personnel will be working on our CAM operation:

Name	Job Description
_____	_____
_____	_____
_____	_____

You will soon be notified of training opportunities and materials for these people.

Tentative list of course (s) to be piloted:

School Building	Course	Grade Level	No. of Teachers	No. of Students

Other requests for assistance:

We plan to make a final adoption decision by _____ (date)

Evaluation Center, Hopkins Schools, 1001 Highway Seven, Hopkins, MN 55343

DISCOVERY THROUGH READING

6590 Middle Lake Road
Clarkston, Michigan

APPLICATION TO BECOME AN ADOPTION SITE

This form should be returned to:

Dorothy Neff
Director of DISCOVERY THROUGH READING
6590 Middle Lake Road
Clarkston, MI 48016

We would like to apply to become a Discovery Through Reading Adoption Site. In applying for the services offered by the Discovery Developer/Demonstration Site, we agree to comply with the following criteria.

Please check each statement you can agree with:

_____ *We agree to use the pullout concept.*

_____ *We agree to the teacher - student ratio in grades 2 and 3 and the 45 minute sessions twice weekly.*

_____ *We agree that the school district has committed itself to implementation of the Discovery Model.*

_____ *We agree to cooperate with the Discovery program to develop an Evaluation model to evaluate the effectiveness of the replication.*

_____ *We agree to adopt the structure of the program - the task sheet and five main teaching tasks.*

_____ _____
Signature *School and District*

_____ _____
Date

_____ _____
Phone Number *Address*

The application will be screened along with others received to determine who will be inserviced as an Adoption Site.

ADOPTION CONTRACT - PROJECT DEEP

School name _____

School district _____

Address _____

Telephone _____

In order to implement Project DEEP, the Adopter agrees to provide the following:

___ Evidence of an existing need for the program

___ Assistance in selecting potential DEEP teachers for training

___ Released time for participants in the workshop

___ Facilities and equipment necessary for training if training is to be conducted at the adopter's site

___ Facilities and equipment necessary for implementation of the program

In return, Project DEEP agrees to provide the following services:

___ Instruments to evaluate candidates for training

___ A three-day training workshop (18 hours) for participants at either the Adopter or the Developer/Demonstrator site at a time mutually agreed upon

___ Demonstration classrooms that may be visited

___ Materials at the time of training and updated materials as they become available

___ A one-to-two day follow-up training session based on the needs of the adopter at a mutally agreed upon date

_____ Project Director

_____ Superintendent (or designated official and position)

_____ Date

_____ State facilitator

DEVELOPER/DEMONSTRATOR -- ADOPTER AGREEMENT

PROJECT I-C-E

1927 MAIN STREET

GREEN BAY, WI 54301

AND

_____
(School/District)

_____
(Street Address)

_____
(City, State, Zip)

Do mutually agree to such services, conditions and costs as herewith specified either with specific items as checked or modifications as noted, for the purpose of implementing the essential core* of the I-C-E Environmental Education Program in said school/district.

I-C-E SERVICES PROVIDED	SCHOOL/DISTRICT COMMITMENT
___1. Pre-adoption survey form to ascertain teacher interest in environmental education, as needed.	___1. Show through pre-adoption survey or other means the teacher interest in adopting/adapting an environmental education program.
___2. Planning and followup assistance via telephone/letter to designated local leadership.	___2.*Designate local leadership to assist project staff with planning, implementation, monitoring and evaluation.
___3. Instructional materials necessary for program implementation; available at cost.	___3.*Acquire necessary I-C-E instructional materials for teachers involved in the program.
___4. Project staff for teacher inservice to introduce I-C-E program and initiate implementation.	___4.*Schedule a block of 5 hours during one day for inservice of staff to be in the program.
___5. Provide consultation and other assistance as needed during implementation; return visit to site if necessary to monitor or evaluate. (optional)	___5.*Show that teachers in program agree to include a minimum of 6 concept episodes (mini-lessons or activities) directly or via adaption in their instructional program.
___6. Forms for teacher assessment of episodes and activity models and, where possible, cognitive instruments to assess effectiveness of program for grades 2, 5, 8, and 11.	___6.*Through monitoring reports, provide for evaluation of program and, where possible, student impact via available instruments.
___7. Instructional media and other resources, where desired, available at project fees.	___7. Inform and invite local nonpublic schools to participate, where practical.
___8. Cost of transportation to/from adoption site as necessary; negotiable.	___8. Expenses for lodging and meals of project staff while on site; negotiable.

I-C-E SERVICES PROVIDED SCHOOL/DISTRICT COMMITMENT

___9. Modifications/Other considerations:

_____

_____

_____

10. Time schedule for adoption activities and miscellaneous:

_____

_____

_____

We attest that the entries above constitute the services to be provided by Project I-C-E and the commitment to implement the I-C-E program by the above cited school/district.

For Project I-C-E	For School/District
_____	_____
Director	Superintendent/Principal
_____	_____
Date	Date

STATE FACILITATOR SECTION

In conjunction with the above agreement, the functions and obligations of the State Facilitator are as herewith specified:

Functional Checklist:

Need Identification _____

Program Planning _____

Training Arrangements _____

Monitoring _____

Financial Support _____

Evaluation _____

APPROVED BY:

_____
(Facilitator)

_____
(State)

_____
(Date)

INSTITUTE FOR POLITICAL AND LEGAL EDUCATION

PRODUCER-CONSUMER AGREEMENT

LAW IN ACTION PROJECT

Please check: _____new adoption _____continuing adoption

Representing the Producer, the Institute for Political and Legal Education (IPLE), in conjunction with and under the authorization of the New Jersey State Department of Education, agrees to:

1. Conduct a 2-3 day training workshop for staff on the consumer district in the methods and techniques necessary to replicate the program. The training and consultant services are provided free of charge to LEA's through ESEA, Title IV-C funding.

2. Provide the following materials at cost to the Consumer District: (optional)

   a. Set of IPLE curriculum guides for teacher reference:

      1) Voter Education
      2) Government: The Decision-Making Process
      3) Individual Rights
      4) Fair Trail v. Free Press
      5) Juvenile Justice
      6) Law And The Family

   b. Filmstrips/cassettes produced by IPLE when applicable.
   c. IPLE developed political/legal education curricula as they become available in the future.
   d. Multiple copies of materials.
   e. Supplemental teaching strategies and materials up-dating present materials.

3. Provide the following materials at cost to the Consumer District:

   a. Teacher Training materials (Kit)
   b. "Approaches To Political/Legal Education: An Implementation Guide," which includes the Teacher's Manual for the LAW IN ACTION Series.

4. Conduct on-site visitations to district for the purpose of observation and consultation.

5. Provide, for New Jersey consumer districts, educational and instructional workshops throughout the school year.

I-C-E SERVICES PROVIDED SCHOOL/DISTRICT COMMITMENT

___9. Modifications/Other considerations:

_____

_____

_____

10. Time schedule for adoption activities and miscellaneous:

_____

_____

_____

We attest that the entries above constitute the services to be provided by Project I-C-E and the commitment to implement the I-C-E program by the above cited school/district.

For Project I-C-E

_____
Director

_____
Date

For School/District

_____
Superintendent/Principal

_____
Date

STATE FACILITATOR SECTION

In conjunction with the above agreement, the functions and obligations of the State Facilitator are as herewith specified:

Functional Checklist:

Need Identification _____

Program Planning _____

Training Arrangements _____

Monitoring _____

Financial Support _____

Evaluation _____

APPROVED BY:

_____
(Facilitator)

_____
(State)

_____
(Date)

INSTITUTE FOR POLITICAL AND LEGAL EDUCATION

PRODUCER-CONSUMER AGREEMENT

LAW IN ACTION PROJECT

Please check: _____new adoption _____continuing adoption

Representing the Producer, the Institute for Political and Legal Education (IPLE), in conjunction with and under the authorization of the New Jersey State Department of Education, agrees to:

1. Conduct a 2-3 day training workshop for staff on the consumer district in the methods and techniques necessary to replicate the program. The training and consultant services are provided free of charge to LEA's through ESEA, Title IV-C funding.

2. Provide the following materials at cost to the Consumer District: (optional)

   a. Set of IPLE curriculum guides for teacher reference:

      1) Voter Education
      2) Government: The Decision-Making Process
      3) Individual Rights
      4) Fair Trail v. Free Press
      5) Juvenile Justice
      6) Law And The Family

   b. Filmstrips/cassettes produced by IPLE when applicable.
   c. IPLE developed political/legal education curricula as they become available in the future.
   d. Multiple copies of materials.
   e. Supplemental teaching strategies and materials up-dating present materials.

3. Provide the following materials at cost to the Consumer District:

   a. Teacher Training materials (Kit)
   b. "Approaches To Political/Legal Education: An Implementation Guide," which includes the Teacher's Manual for the LAW IN ACTION Series.

4. Conduct on-site visitations to district for the purpose of observation and consultation.

5. Provide, for New Jersey consumer districts, educational and instructional workshops throughout the school year.

Representing the Consumer, the local school district agrees to:

1. Develop and submit implementation plan using a minimum of 2 units of the five in the Law In Action Program.

2. a) Purchase curriculum materials in #2 above (optional).
   b) Purchase curriculum materials from the Law In Action series directly from West Publishing Company (order blank provided).
   c) Purchase materials listed in #3 above.

3. Provide adequate release time for school staff and students (when appropriate) to attend workshops.

4. Provide adequate release time for students in program for field-study work(where appropriate) in order to complete class related tasks.

5. Permit resource persons to provide supplemental instruction in the classroom.

6. Provide pre/post data (as requested) and complete evaluation questionnaires.

PRODUCER PROJECT

_____

Director of IPLE

_____

Date

CONSUMER SCHOOL DISTRICT

_____

Superintendent of Schools

_____

Principal

_____

Teacher-Coordinator of IPLE/Law In Action Program

_____

Date

Complete in duplicate, sign and send to IPLE, R.D. #4, Box 209, Sewell, New Jersey. One copy will be returned to you and the second copy will be retained in the IPLE office.

DRUG PREVENTION EDUCATION PROGRAM

ADOPTION TERMS AND AGREEMENT

I. Contract Terms

It is understood that participation in the training (either via in-person or video tapes) indicates that an adopting school/school system intends to implement the Drug Prevention Education Program on at least a trial basis.

Schools/school systems requesting training agree to pay:

1.A. Travel expenses (and food and lodging, if necessary) when training is held at adoption site)

or

1.B. Rental cost of $20.00 per month or purchase cost of $85.00 for video training tapes.

2. Materials ($28.00 plus postage)
A series includes: 4 Teacher Activity Packages
2 Student Learning Activity Packages
1 Teacher Training Manual

It is further understood that an adopter school/school system will agree to the following criteria:

A. To spend at least one hour per week (divided up at teachers' discretion) using the materials in the classroom.

B. To cover all activities designated for a particular grade level.

C. To agree to follow-up activities by project staff or a contact person designated within the school.

D. To monitor program's impact on students by administering pre/posttests used in original project's evaluation (found in Teacher Training Manual).

II. Adopter Section

School Name _____

Address _____

_____

As the person empowered to make major decisions in this school/school system, I agree to commit our school/school system to the trial adoption and initial installation of the DRUG PREVENTION EDUCATION PROGRAM (Developer/Demonstrator project) as detailed in the Contract Terms.

_____ _____
(Date) (Superintendent, Principal)

Other members of decision making team:

_____

_____

_____

III. Developer-Demonstrator Section

Project Name _____

As Project Director for the above mentioned Developer/Demonstrator project, I hereby certify that the _____ school/school system has met the particular criteria established by the project and I look forward to a successful adoption experience.

_____ _____
(Date) (Project Director)

PROJECT SUCCESS
MEMORANDUM OF AGREEMENT

Whereas the Lyons Public School wishes to adopt and implement the instructional program for mastery of certain skills known as Project Success (Title III, E.S.E.A.) sponsored by the Wayne Public Schools, and whereas Project Success is prepared to assist that School to adopt and implement the Project Success program, these two parties enter into the following agreement.

Section 1

The adopting School agrees to carry out the following responsiblilites and activities to the best of its ability.

1. To appoint a Local Program Manager who will be responsible with the Principal for implementing the program at the local level. The Principal can be the Program Manager.

2. Attend the training sessions provided by Project Success during July, 1975.

3. Complete a Local Adoption Plan which shall include:
   (1) Status Report (2) A timeline for implementation of Project
   (3) A listing of the duties of the LPM.

4. Purchase adequate amounts of necessary materials.

5. Reproduce in adequate amounts and quality the materials necessary for implementation of the program.

6. Install the program at least at the following minimum level:
   (1) Organize classes into Language Arts Blocks of time
   (2) Include all SLD students that have been identified and that have parental approval to placement in the class
   (3) Record student progress on Hierarchy of Skills Charts
   (4) Group students with like instructional needs
   (5) Monitor student progress through criterian reference teaching.

7. Install and operate the program through at least the end of the 1975-76 school year.

8. Collect data on program use and effectiveness as required by the Evaluation Plan, and report this data to Project Success as well as the State Title III office by June 15, 1976. Recommended forms to use are:
   (1) Description of the implementation of the program.
   (2) Assessment of program effectiveness by
      (a) Status report at beginning of program which will include
         ...Pre-test results
         ...description of program used
         ...description of use of volunteers and aides in program
         ...a listing of frequently used materials and their use
         ...a description of the general method by which the program was evaluated and the tools used (such as standardized tests)

(b) Post-Test results
(c) Teacher Attitude toward Project Success shown by results of an attitude test to be given at the end of the school year.

9. Conduct at least two organized efforts to inform parents of the community about the program.

Section II

Project Success agrees to carry out the following responsibilities and activities to the best of its ability.

1. Furnish all Project Success manuals and models for use by adopting School, except that it is understood that:
   (a) The adopting School is responsible for reproducing materials for instructional use.
   (b) The adopting School is responsible for purchasing either the Merrill Linguistic or the Palo Alto Reading Program.

2. Provide consulting and further training time in the adopting School by Project Success staff members between September, 1975 and April 30, 1976.

3. Provide an Implementation Checklist and an Implementation Report to be used by the school as a part of their Evaluation Report to the State Title III office.

4. Provide immediate telephone consultation to adopting Schools, and additional personal consultation at the local school in emergency situations.

5. Hold in strictest confidence any information obtained during visits to adopting Schools or from reports submitted by adopting Schools in that any use of this information will be designed to prevent the identification of any school with any information.

Section III

It is further agreed that the following considerations apply to this agreement.

1. The adopting School will pay their travel and expenses for inservice and consultation services.

2. Project Success will pay their travel and expenses for consultation to the adopting school.

Date 9-10-75 _____ (name)

_____ (position)

for the Adopting School

Director, Project Success _____

U-SAIL ADOPTION AGREEMENT

Program: Name Utah System Approach To Individualized Learning (U-SAIL)

Address 2971 Evergreen Avenue, P.O. Box 9327

Salt Lake City, Utah 84109

Adopter: Name _____

Address _____

_____

The adopter agrees to the following for the 1978 fiscal year:

a. acceptance of the U-SAIL program philosophy.
b. acceptance of responsibilities to maintain program activities.
c. provision of necessary resources to implement program including time for training (4 days recommended), funds for curriculum product needs, and program personnel.
d. installation of, at a minimum, an adaptation of the program.
e. evaluation of impact on teachers, year one, by use of pre, interim, and post data collected.
f. identification of a local person or persons to provide leadership, on-site, for the program. This may or may not be a full time position.
g. provision for administrator and implementer training at adopter cost.
h. provision for local transportation for U-SAIL consultants.
i. provision of appropriate inservice facilities with needed equipment and supplies.
j. inclusion of only teachers willing to make commitment to try program.
k. release of participants from regular duties during the inservice training.
l. assumption of responsibility for participants' salaries or stipends, if any.
m. responsibility for participants' travel and lodging during the inservice.
n. responsibility for making local lodging arrangements for U-SAIL consultants.
o. responsibility for consultant stipends, travel and lodging costs.

The U-SAIL Project agrees to provide:

a. U-SAIL staff consultants as U-SAIL program trainers for inservice at the adoption site--initial pre-installation inservice, with follow-up inservice during the school year.
b. Brigham Young University graduate credit as an option to the participants (at the participants' own expense).
c. inservice training for administrators and implementers at the project center.
d. awareness and inservice materials for administrators and teachers.
e. on-site assistance at adopter's expense.

Modifications _____

_____

_____

The following agree to the responsibilities itemized above:

By _____ Date _____

By _____ Date _____

COLORADO STATE FACILITATOR

ADOPTION AGREEMENT

Adopter/Adapter District _____

Adopter/Adapter Site _____

Adopter/Adapter District Contact Person _____

Developer/Demonstrator Project Involved _____

PLAN OUTLINE

Tentative Training Date(s) _____

Number of: staff_____ administrators_____ students_____ to be involved in the program

Projected Implementation Date_____

Adopter Section

The adopter agrees to implement the following components of the original d/d project:

_____

_____

_____

_____

_____

_____

The adopter plans to make the following modifications in the original d/d project:

_____

_____

_____

_____

_____

_____

_____

The adopter agrees to collect the following evaluation data on the implemented program:

_____

_____

_____

_____

_____

The adopter agrees to provide the following resources for the program implementation (list financial figures if applicable):

Training _____

Materials _____

Equipment _____

Personnel _____

Travel _____

State Facilitator Section

The State Facilitator agrees to provide the following services to the adopter:

Developer/Demonstrator Section

The original program developer agrees to provide the following services to the adopter (list funding source):

Training _____

Monitoring and/or other follow-up _____

_____

Materials/Equipment _____

Review of adopter evaluation design _____

_____

The original program developer agrees to provide for the adoption/adaptation described above with the following changes (if changes necessary):

Developer/Demonstrator Project Official _____ Date _____

The adopter/adapter of the d/d project agrees to the commitments described above.

Adopting/Adapting District Official _____ Date _____

The Colorado State Facilitator agrees to the commitments described above.

Director, Colorado State Facilitator _____ Date _____

CONNECTICUT FACILITATOR PROJECT

ADOPTION AGREEMENT

The Connecticut Facilitator is a project of and funded by the U.S.O.E. through the General Education Provision Act.

I. Adopter Section

School Name _____

As the person empowered to make major decisions in this school/district, I agree to commit our school/district to the trial adoption and initial installation of the

_____ as detailed in the Attachments herein.
Developer/Demonstration Project

_____ _____
Date Superintendent, Headmaster, Parochial School Principal

Other members of the decision making team:

_____

_____

_____

II. Developer-Demonstrator Section

Project Name _____

As project director for the aforementioned Developer/Demonstrator project, I hereby certify that the _____ school/district has met the particular criteria established by the project and I look forward to a successful adoption experience.

Date: _____ Project Director: _____

EDUCATIONAL RESOURCES CENTER – 800 Dixwell Avenue, New Haven, Connecticut 06511
Phone (203) 562 - 9967 – In Connecticut, Phone (800) 922 - 1567 Toll Free

a project of the Area Cooperative Educational Services (A.C.E.S.)

III. Facilitator Project Section

As director of the Connecticut Facilitator Project I certify that the

_____ school/district has met the criteria established by the CFP in applying for assistance. In addition to providing on-going technical assistance, the CFP agrees to commit up to $_____ to the aforementioned school/district to be distributed in the following manner (details contained in Attachment YES ____ NO ____)
(details to be negotiated at a later date YES ____ NO ____)

I. Travel Assistance $_____

II. Training $_____

III. Release Time $_____

IV. Materials $_____

TOTAL $_____

_____
Date

_____
Peter C. Young, Executive Director
Area Cooperative Educational Services

_____
Harry W. Osgood, Director
Connecticut Facilitator Project

INTERAGENCY COOPERATIVE AGREEMENT
FOR
REPLICATION OF VALIDATED PROGRAM(S)

THIS AGREEMENT is entered into by and between the agencies shown below as Contracting Parties for the school year September 15, 1977 - June 30, 1978

I. CONTRACTING PARTIES:

Sponsor: Education Service Center - Region XVII

Local Education Agency: _____

II. STATEMENT OF SERVICES TO BE PERFORMED:

The Region XVII Education Service Center and the above named local education agency agree to enter into the implementation of _____ _____ as follows:

Role of the Education Service Center:

1. Provide Consultants for training and follow-up of the LEA Management/Implementation Team.
2. Provide materials necessary for training and program implementation.
3. Devote portion of ESC budget to support program activities (ESC staff, facilities, etc.).
4. Continue dissemination efforts (brochures, newsletters, etc.).
5. Provide for limited consultative assistance by ESC staff.

Role of the Local Education Agency:

1. Select a Management/Implementation Team.
2. Devote time for team training (one day initially and one-two days for follow-up.)
3. Provide time for Management/Implementation Team meetings and establish team roles and responsibilities.
4. Provide local, regional, and state dissemination support.
5. Establish a Program Materials Center for storage and supply of materials.
6. Provide evaluation data for process and product evaluation.
7. Provide release time for teachers on the Management/Implementation Team to participate in team training and additional meetings as needed.
8. Implement the program in_____number of classrooms at the _____ grade level during the 1977-1978 school year.

III. The Local Education Agency and the Education Service Center - Region XVII representatives enter into the above described agreement for 1977-1978.

_____	Education Service Center-Region XVII
Local Education Agency	Education Service Center
BY: _____	_____
Authorized Signature	Authorized Signature
_____	_____
Title	Title
_____	_____
Date	Date
_____	_____
LEA Contact Person	ESC Contact Person

WINS Project
Laramie County School District Number One
Administration Building
2810 House Avenue
Cheyenne, Wyoming

This is a contract between Wyoming Innovative Network Schools and Albany County School District Number One at Laramie, Wyoming, for adoption of Project ADVENTURE, a Developer/Demonstrator from Hamilton, Massachusetts. The maximum amount of this contract is $175.00.

WYOMING INNOVATIVE NETWORK SCHOOLS will:

A. Furnish this contract for a total funding of $175.00 for implementation of Project Adventure into Albany County School District #1. This funding is to cover per diem for personnel to attend a training workshop at Pinedale, Wyoming, the week of September 26-30. Per diem to be governed by Wyoming State Department of Education rules and regulations.

B. Provide follow-up visitation, monitoring, and evaluation services as requested by either the Developer/Demonstrator and/or the school district.

C. Assist when requested to arrange communication and/or interface between the district and Developer/Demonstrator.

D. Provide transportation for personnel from Albany County School District #1 who will be attending Project Adventure workshop.

ALBANY COUNTY SCHOOL DISTRICT #1 will:

A. Send personnel to the training workshop in Pinedale, Wyoming, the week of September 26-30.

B. Provide administrative support to teachers implementing the project.

C. Allow visitation, monitoring, and/or evaluative visits by the State Facilitator or Developer/Demonstrator. Further, allow visitation by other districts desiring to observe this project when such visitation has been coordinated through the Facilitator Office and the District Administration.

D. Agree to assist in evaluation of the project and/or WINS program when requested by the Facilitator and/or Project Director.

Facilitator, WINS	Superintendent or Fiscal Agent, Albany County School District #1
DATE	DATE

9/77
vh
#13

SECTION FOUR

ADOPTION AND IMPLEMENTATION MONITORING FORMS

Adoption monitoring provides information about what is taking place in the adoption/implementation process.

- It tells Developer/Demonstrators whether or not the implementation is being carried out successfully, and at what point some kind of intervention might be needed.
- It lets the State Facilitator know whether or not the adopted program is actually serving the needs of the Local Education Agency, and whether more training or other assistance is in order.
- It helps ascertain the strategies needed to ensure a successful adoption.
- It provides data for assessment of results.

The forms used to document a monitoring effort may be quite diverse, depending on the requirements of the program. The examples included in this section exhibit such diversity. Here are two points to consider when structuring monitoring report forms:

(1) Again, keep them simple! Be easy on those who have to fill them out. Checklists and yes/no or rating-type responses are more likely to be completed by respondents and are easier for review by project staff.

(2) The data provided by such reports should be easy to compile and interpret. But the data should also be <u>significant</u>, revealing what is taking place, whether intervention is necessary, and whether appropriate and adequate implementation of the D/D program is being accomplished.

SECTION FOUR

ADOPTION AND IMPLEMENTATION MONITORING FORMS

ACTIVE: ALL CHILDREN TOTALLY INVOLVED EXERCISING, D/D, Oakhurst, NJ

Observational Checklist for Monitoring ACTIVE Adopters 4-5

This form has been revised to eliminate subjectivity in some questions and generally make it more reliable. The checklist is not to be used as a policing device; rather, it is intended to help the adopter by giving a specific idea of what the home project is looking for in an adoption. Therefore, this checklist is sent to adopters well in advance of the visit.

ALTERNATE LEARNING PROJECT (ALP), D/D, Providence, RI

Guidelines for Monitoring an ALP Adaption 4-15

This new outline for monitoring is highly detailed, specific, and wide in scope. At the end of training, the adapting school representatives and trainer go through the guidelines together and isolate those areas on which it will be appropriate for monitoring to focus, with the needs of the particular adapter in mind.

EVERY CHILD A WINNER WITH MOVEMENT EDUCATION, D/D, Ocilla, GA

Every Child A Winner Monitoring Sheet 4-23

This form helps make sure that the adopter is not just "going through the motions."

EXEMPLARY CENTER FOR READING INSTRUCTION (ECRI), D/D, Salt Lake City, UT

Fidelity Checklist 4-24

This form is used to monitor the classroom, letting ECRI know of teachers' arising needs in implementing the program. ECRI considers the form extremely effective and feels it could be adapted to other programs. The form is revised as the D/D program changes.

HOSTS: HELP ONE STUDENT TO SUCCEED, D/D, Vancouver, WA

Monitoring Form - Reading 4-30

This monitoring form is utilized by a new adopter approximately three months after initiation of the adoption. This serves as a reference point for the on-site visit by D/D project personnel. During on-site follow-up, the developer completes a similar assessment.

PROJECT I-C-E (INSTRUCTION-CURRICULUM-ENVIRONMENT), D/D, Green Bay, WI

Episode Monitoring Report 4-34

This form yields quick evaluation of activities; it is convenient, easy to fill out, and therefore likely to be completed and returned.

THE ME/ME DRUG PREVENTION PROGRAM, D/D, Appleton, WI

Weekly Log of Classroom Use of Drug Prevention Education Program. . . . 4-35

This is a brand-new form. Project staff intends to ascertain how much it is being used by adopter site personnel.

PARENT READINESS EDUCATION PROJECT (PREP), D/D, Detroit, MI

Implementation Checklist 4-36

This checklist has only been in use for a year, but seems to meet the needs of the project.

PEGASUS-PACE: CONTINUOUS PROGRESS READING PROGRAM: PERSONALIZED EDUCATIONAL GROWTH AND SELECTIVE UTILIZATION OF STAFF -- PERSONALIZED APPROACH TO CONTINUOUS EDUCATION, D/D, Tuscaloosa, AL

Adoption Progress Report Form 4-38

This form has proved effective for PEGASUS-PACE staff because the points to be reported on really are the crux of the program. Hence, the report actually does reflect real stages of implementation. (May be revised to include this stipulation: Respond only to those items that apply to this reporting period.)

POSITIVE ATTITUDE TOWARD LEARNING (PATL), D/D, Bethalto, IL

Adoption Monitoring Instrument 4-40

This form has been beneficial. Specific notes: Item 12: Although administrators do not actively participate in the program, they are encouraged to join in the training; this tends to establish strong administrative support. Item 13: Here, an attempt is being made to determine what project materials are being used by adopters, in order to discover patterns of what successful adopters do.

STRATEGIES IN EARLY CHILDHOOD EDUCATION, D/D, Waupun, WI

Task Analysis of Classroom Behaviors 4-42

All items on checklist are easily observable in the classroom, and all reflect necessary elements of implementation.

KENTUCKY STATE FACILITATOR, SF, Frankfort, KY

Adoption Report 4-43

This adoption report is used to obtain information for quarterly and yearly reports to USOE. It is usually mailed out three or four months after LEA has received training.

NEW HAMPSHIRE FACILITATOR CENTER, SF, Concord, NH

Monitoring Visit #1 4-44

Fact Recording Form 4-46

These forms are never mailed out or mailed in -- rather they are filled out on-the-spot. This eliminates the problem of retrieval, and also offers an opportunity for on-the-spot help. A checklist format was decided against because it would not present a clear enough picture. (Also note: Form #2 usually includes an additional blank page simply headed "Budget." This is intended to encourage a detailed budget breakdown.)

Township of Ocean School District

10/77

Project ACTIVE

Thomas M. Vodola, Ed.D.
Director

OBSERVATIONAL CHECKLIST FOR MONITORING ACTIVE ADOPTERS

Intent of the Checklist

The implementation of a new program requires (1) the inservice training of staff member(s) who will be initiating the program; (2) on-site support services to help resolve unanticipated problems and to correct misconceptions; and (3) the provision of on-going support services. The intent of the ACTIVE MONITORING CHECK-LIST is to comply with #2, tnat is, to assist adopter districts so that they can establish exemplary physical education programs for their handicapped students.

Directions for Completing the Checklist

Checklist format. The "Checklist" is divided into three major categories:

I. Pre-program Considerations
II. Program Implementation
III. Post-program Activities

Subsumed under each major heading are related "Teaching/Learning Variables." These variables are clarified by objectives cited in the "Indicator" column. The "Rule" column provides (if necessary) the further clarification needed to optimize observational objectivity and the point(s) to be awarded if the objective is attained. Finally, the "Comments" column provides additional space for Project Director or Monitor remarks and a place for recording the points achieved for each Teaching/Learning Variable.

Checklist completion. The procedure for completing the "Checklist" is as follows:

1. Provide all information requested in the heading.
2. If the objective has been achieved, record the potential score in the parenthesis ( ).
3. If the objective has not been achieved, record a (0) in the parenthesis ( )
4. Where requested, please fill in blank space as well as parenthesis. For example, #1 requests "the number of days per week" the program is in operation.
5. Where achievement has not been indicated, please specify as to the problem and recommended modification.
6. Where exemplary performance is evident, please comment.
7. Scoring procedure:
   *Sub-total and record the points for each of the categories; on pages 3 and 9 ; for example: pre-program - 60; program implementation - 120; and post-program - 25
   *Add the three sub-totals and enter on page 9 .

Follow-up procedure. After the report is reviewed by the Project Director, copies shall be forwarded to the Administrative Contact/ACTIVE Coordinator so that they can be apprised of program strengths and/or deficiencies. If further clarification is needed, it is anticipated that the Administrative Contact or Coordinator will contact the Project Director. (The format facilitates assistance because they need only refer to the number in question.)

Township of Ocean School District

10/77

Project ACTIVE

Thomas M. Vodola, Ed.D.
Director

ACTIVE MONITORING CHECKLIST

Teacher_____ School_____ Grade_____

District_____ County or City_____ State_____ Date_____

No. of Students_____ Handicapping Condition(s)_____

No. of Aides_____ Observer_____ Component(s) Observed_____

I. PRE-PROGRAM CONSIDERATIONS (MAXIMUM POINTS - 105)

Teaching/Learning Variable	Indicator	Points Scored	Rule	Potential Points	Comments: Project Director/Monitor
Instructional Schedule 1. Instructional periods per week	*A master schedule has been prepared ( ) *Program is conducted: _____ No. of days per week ( )		Maximum of 10.5 points .5 Award 2 points for each day		*Procure a copy and submit to the Project Director ( )
2. Instructional times per week	*Program is conducted: _____ No. of minutes per week ( )		Maximum of 10.5 pts. Total Minutes: 0-29 2 30-44 4 45-59 6 60-89 8 90-and above 10.5		( )
3. Instructional plan for year	*Program is planned for:_____ No. of weeks		Maximum of 10.5 pts. 6 weeks 2 12 weeks 4 18 weeks 6 24 weeks 8 30 weeks and above 10.5		( )
Program Instructor 4. Specialized training	*Staff Member is: -Student Teacher ( ) -a Physical Education Teacher ( ) -a Special Education Teacher ( ) -P.E./S.E. Teacher ( ) -Other Certified (cite)_____ ( ) -ACTIVE Trained ( ) -ACTIVE "Turnkey" Trained ( ) -Possessor of Graduate degree in Adapted P.E. ( ) -Possessor of Graduate degree in Special Education ( ) -Possessor of Graduate degree ( ) -Other_____ ( )		Maximum total points for specialized training cannot exceed 10.5 points 1 1 1 3 1 4.5 2 3 1 1 .5 Total Points ___		( )

Teaching/Learning Variable	Indicator	Points Scored	Rule	Potential Points	Comments: Project Director/Monitor
Instructional Grouping Procedures	Select the one most Applicable:		Maximum of 3.5 pts.		
5. "Grouping procedure"	*Students are placed in:				
	-the Unrestricted Program	( )		1.75	
	-D&A Class	( )		1.75	
	-D&A And Unrestricted	( )		3.50	
	-Self-contained special education class	( )		1.75	( )
6. The "least restrictive environment" concept is operational	-Explicit provisions (i.e , policies and rules & regulations) are available for changing the instructional setting in accordance with changing needs	( )		3.50	( )
Preliminary Needs Assessment			Maximum of 10.5 points		
7. Medical/academic records	-There is evidence of:				
	1. an individual file or folder for each student (containing I.E.P.)	( )		5	
	2. a copy of a medical release (if appropriate)	( )		.5	
	3a. a written prescription for medically-oriented problems (written by the family or school physician)	( )		1	
	3b. Rx is specific	( )		2	
	general	( )		5	
	4. child study team involvement and/or approval	( )		1	
	5. other medical and academic information	( )		1	( )
Advisory Council	-An advisory council has been formed	( )	Maximum of 7 pts.	.5	
	-The Council includes:				
	-a Child Study Team Representative	( )		1	
	-the school physician	( )		1	
	-the building principal(s)	( )		1	
	-the school nurse(s)	( )		1	
	-a parent or parents/ guardians	( )		1	
	-the adapted P.E. Teacher(s)	( )		1	
	-other_____	( )		.5	( )

Teaching/Learning Variable	Indicator	Points Scored	Potential Points Rule	Comments: Project Director/Monitor
Advisory Council (Cont'd)			Maximum of 10.5 pts	
9. Involvement	*The council: meets ___ times per year	( )	Meetings: 0,0 pt.; 1, 2 pts.; 2 or more 4 pts. 4	
	-has specific functions for publicizing the program	( )	1	
	-actively pursues functions	( )	2.5	
	-receives periodic progress reports	( )	1	
	-makes appropriate recommendations to Administration/Board	( )	2	( )
Parental Involvement			Maximum of 7 pts.	
10. Extent of involvement	*Each Parent/Guardian is:			
	-provided a home program	( )	3	
	-involved in the placement process	( )	1	
	-advised as to the value of program involvement	( )	1	
	-invited to observe the program	( )	1	
	-requested to serve as a program aide	( )	1	( )
School and Community Involvement			Maximum of 21 pts. Record full Score (3.5) if at least one each of the listed strategies have been implemented	
11. Public relation strategies	*The following public relations strategies have been implemented:			
	-conducted ___ assembly program(s) for students and teachers of the involved school(s)	( )	3.5	
	-conducted ___ PTA presentation(s)	( )	3.5	
	-developed and issued a monthly/bi-monthly newsletter	( )	3.5	
	-published ___ no. article(s) in the school and/or community publication	( )	3.5	
	-provided the Board of Education with a presentation	( )	3.5	
	-provided ACTIVE Newsletter with ___ no. progress report(s)	( )	3.5	( ) PRE-PROGRAM SUB TOTAL( )

II. PROGRAM IMPLEMENTATION (Maximum Points - 140)

Teaching/Learning Variable	Indicator	Points Scored	Rule	Potential Points	Comments: Project Director/Monitor
Instructional Environment 12. Program Setting	*The program is conducted in: -the gymnasium -an all-purpose room -a classroom -other (cite)_____	( ) ( ) ( ) ( )	Maximum of 2 pts.	2 1 1 1	( )
13. Learning Centers	*The number of learning centers: ( ) *The number of staff present for program: professional _____ list titles ( ) *Non-instructional (aides, etc.) _____ number ( )		Maximum of 9 pts. One point for each center (maximum of 5 points) 5 One point for each professional (maximum of 2 points) 2 One-half point for each aide (maximum of 2 points) 2		( )
14. Different components or factors at each station	*Components: Motor Ability: LMA( ) LPV( ) PA ( ) ND ( ) BP ( ) CD ( ) MDL( ) GBC( ) BPO( ) EHC( ) EHA( ) EFA( ) *Factors: Physical Fitness: ARM STRENGTH( ) ABDOMINAL STRENGTH ( ) EXPLOSIVE POWER LEGS ( ) ENDURANCE ( )		Record ½ point for each factor or component identified (maximum of 8 points)		( )
15. Stations are identified	*Each station is identifiable by signs or other coding procedure ( ) *Stations are: excellent ( ) adequate ( ) inadequate ( )		maximum of 4 pts. Select one: 1 3 2 1		( )

Teaching/Learning Variables	Indicator	Points Scored	Rule	Potential Points	Comments: Project Director/Monitor
Instructional Environment (cont)			Maximum of 12 pts.		
16. Stations contain supplies and equipment relative to program components and/or factors	*Supplies -BALLS ( ) -FLOOR GRIDS ( ) -BATS ( ) -RECORDS( ) -JUMP ROPES ( ) -OTHER ( ) _____( ) _____( ) _____( ) *Equipment -TARGETS ( ) -POSTURE GRID ( ) -TAPERED BEAM ( ) -DRY SPIROMETER ( ) -SHOULDER BREADTH CALIPERS( ) -RECORD PLAYER ( ) -CHINNING BAR ( ) MATS ( ) *Accessibility of equipment/supplies ( ) *Used for each session( ) *Appropriateness of usage ( )		Record .5 for each item that is being used (maximum of 5 points) (Record 0-5 for appropriate use)	1 1 0-5	( )
Student Movement Procedure			Maximum of 6 pts.		
17. Master Plan	*Each Student's Activities: -are pre-planned (written I.E.P. ( ) -focus on deficiencies ( ) -focus on strengths ( ) -focus on strengths/deficiencies ( )			5 .5 .5 1	Submit sample copy of I.E.P. to Project Director ( )
18. Group Socialization	*Students are: -provided group activities each period ( ) -afforded leadership and fellowship opportunities and responsibilities ( ) -afforded counseling ( )		Maximum of 6 pts.	2 2 2	( )
Teacher-Pupil Interrelationships			Maximum of 6 pts.		
19. Teacher qualities	*The teacher is -enthusiastic ( ) -knowledgeable ( )		*Enthusiasm: Is energetically involved in the lesson; smiles; is personable 3 *Knowledgeable: Applies the ACTIVE principles/strategies accurately 3		( )

Teaching/Learning Variable	Indicator	Points Scored	Rule	Potential Points	Comments: Project Director/Monitor
Teacher/Pupil Interrelationships (Cont'd)			Maximum of 6 pts		
20. Teacher-pupil rapport	*Is positive as evidenced by: -teachers' use of reinforcement strategies	( )	*Reinforcement strategies: Pat on back, smile, reward, etc.	3	
	-student enthusiasm	( )		3	( )
Testing Phase			Maximum of 8 pts		
21. Test results	*Each student's file or folder contains motor ability and/or physical fitness pretest:				
	-raw scores	( )		.5	
	-percentile scores	( )		.5	
	-stanine scores	( )		.5	
	-index scores	( )		.5	
	-other scores (cite)_____	( )		.5	
	-self concept scores (cite_____	( )		.5	
	-psychological abberations manifested	( )		.5	
	-test results forwarded to parents	( )		2.5	
	*Accessibility of files, individual records and test results	( )		2	( )
22. Accuracy and appropriateness of test results	*Tests are administered	( )	Maximum of 9 pts.	1	
	*Raw scores are: -recorded accurately	( )		1	
	-converted to percentiles, stanines, and indexed properly	( )		2	
	*Appropriate test(s) were administered: -less that 10% "ceiling effect"	( )	"Ceiling effect is attainment of maximum score. (if stanines were recorded, stanines of "9" and "1" would be the criteria)	2	
	-less than 10%-bottom scores	( )	"On Time" to be interpreted as completed within one month after program initiation	2	
	*Tests were administered on time	( )		1	( )

Teaching/Learning Variable	Indicator	Points Scored	Rule	Potential Points	Comments: Project Director/Monitor
Assessment Phase			Maximum of 6 pts.		
23. Availability of formative information	*The student's file or folder includes: -anecdotal remarks relative to atypical patterns manifested	( )		3	
	-other assessment information provided by school personnel and/or parents	( )		3	( )
Prescription Phase					
24. Written Individualized Education Program (I.E.P.)	*Each child has a written, updated I.E.P. in his/her folder	( )	I.E.P. to be rewritten and/or revised at least once a year	5	( )
25. Contents thereof	*The written I.E.P. includes -a statement of the student's present performance	( )	Maximum of 10 pts.	2	Final visitation: If objectives were not achieved, state the reason therefore.
	-a statement of annual goals and short range objectives	( )		2	
	-a statement of the specific instructional strategies to be provided	( )		2	
	-the extent to which the child will be able to participate in the unrestricted P.E. program	( )		2	
	-the projected starting and terminal dates of said services	( )		1	
	-appropriate objective criteria, evaluation procedures and schedules for determining, on at least an annual basis, whether instructional objectives have been attained	( )		1	( )

Teaching/Learning Variable	Indicator	Points Scored	Potential Points Rule	Potential Points	Director/Monitor
Basis for Prescription			Maximum of 10 pts.		
26. Rationale	*Each individual program is based on:				
	-medical prescriptions (if appropriate)	( )		2	
	-child study team input	( )		2	
	-parental/guardian input	( )		2	
	-other staff input	( )		2	
	-pretest data, stanine scores and/or ACTIVE time prescriptions	( )		2	( )
Application of Prescription			Maximum of 10 pts.		
27. Criteria	*The prescriptive program includes:				
	-consistency with written I.E.P.'s	( )		1	
	-tasks structured sequentially	( )		1	
	-tasks modified to ensure successful accomplishments by each child	( )		1	
	-tasks designed to reinforce strengths	( )		1	
	-the provision of immediate, positive feedback	( )		1	
	-all children involved "actively" for the entire period	( )		1	
	-opportunities for leadership	( )		1	
	-opportunities for fellowship	( )		1	
	-opportunities for creativity	( )		1	
	-opportunities for social interaction	( )		1	( )
28. Evidence of prescriptive modifications	*Prescriptive programs are modified as a result of:		Maximum of 5 pts.		
	-achievement of short range objectives	( )		2	
	-readministration of test battery(ies)	( )		1	
	-unachievable tasks	( )		1	
	-other input (cite_____)	( )		1	( )

Teaching/Learning Variable	Indicator	Points Scored	Potential Points Rule	Comments: Director Director/Monitor
Evaluation Phase			Maximum of 7 pts.	
29. Posttest Administration	*Posttest is administered:			
	-Midyear _____ (date)	( )	2	
	-End-of-year _____ (date)	( )	5	( )
30. Analysis of pre-post data	*Data has been analyzed by ACTIVE Office	( )	Maximum of 6 pts. 3	
	-Data has been analyzed by staff (progress noted in terms of percentile gains on stanine profiles)	( )	3	( )
31. Evaluation follow-up procedures	*Evidence of:		Maximum of 5 pts.	
	-written parental/guardian reports	( )	1	
	-revised I.E.P.'s	( )	1	
	-conference or meetings with parents/guardians	( )	1	
	-scheduling for the following year	( )	1	( )
	-program release	( )	1	PROGRAM IMPLEMENTATION SUB-TOTAL = ( )
	III. POST-PROGRAM ACTIVITIES		(MAXIMUM POINTS -35) Maximum of 22 pts.	
Public Relations Strategies				
32. End-of-year report	*Report:			
	-prepared	( )	5	
	-submitted to ACTIVE Director	( )	6	
	-submitted to Building Principal	( )	2	
	-submitted to Advisory Council	( )	2	
	-submitted to Supt./Board of Education	( )	7	( )
33. Issuance of ACTIVE Certificate of Achievement	*Secured/issued to all handicapped students	( )	7	( )
Inventory			Maximum of 6 pts.	
34. Inventory/Requisition for repairs/new supplies/equipment	*Evidence of:			
	-inventoried items and location	( )	2	
	-requisitions for repairs	( )	2	( )
	-new items needed	( )	2	POST-PROGRAM SUB-TOTAL = ( )
				TOTAL POINTS=( )

ALTERNATE LEARNING PROJECT
DISSEMINATION SERVICES
1-1-E 235 Promenade Street
Providence, Rhode Island 02908
401-272-4153; 272-4154

GUIDELINES
FOR MONITORING
AN ALP ADAPTION

99

January 1978

ALP DISSEMINATION

"GUIDELINES FOR MONITORING ALP ADAPTIONS"

The following guidelines are presented in the hopes of:

1. better indicating to the staff of ALP adaptions those areas to which they should be sensitive in their on-going program planning and in their evaluating the progress of their project;
2. anticipating "problem spots" before they reach "crisis" proportions;
3. providing a focus to consultation sessions between ALP disseminators and adapting staff once the adaption has begun implementation.

Realizing that the guidelines included here are quite extensive and not all are necessarily appropriate to all programs, adapting staff are encouraged to isolate those items of concern to their specific "situation."

1. STUDENT POPULATION
   a. are there as many students in the program as projected in the proposal?
   b. does the "mix" of the student population (or type of student) reflect what was stipulated in the proposal?
   c. was the method of selection and entrance into the program as stipulated in the proposal?
   d. have students been adequately oriented to the program?
   e. what are the students' initial reactions to the program?
   f. what is the retention rate of students in the program?
   g. what is the attendance rate of students in the program?
   h. what do students see as goals of the program? how do they describe the program to others? what do they see as the features which distinguish the "alternative" from the regular program?
   i. what do students identify as the strengths of the program? what do they identify as the weaknesses?
   j. in what ways do students want to see the program develop?
   k. to what degree do the students feel part of a distinct (special) community? do they attribute a negative or positive "label" to this belonging?

II. STAFFING

a. has staffing followed the proposal guidelines?

b. is staff and their respective training turning out to be appropriate to the program? are there needs for in-service training that were not originally anticipated?

c. are there needs which are developing for different or additional staff, beyond that specified in the proposal?

d. how does the staff operate with each other (especially with regard to decision-making re internal dynamics of the program)?

e. as the program progresses, how may staff goals for the program be changing, if at all? are staff members "changing" in the same direction and/or at the same pace? how are possible conflicts between these changing staff expectations handled?

f. do staff feel satisfied with:
decision-making procedures?
the program's overall direction?
the productiveness of staff meetings?
the progress of students?
the amount of time they have invested in the program compared to what they are getting out of it?

g. what do staff identify as the strengths and weaknesses of the program?

h. are lines of authority and decision-making powers clearly defined with respect to all personnel involved in the program (that is, personnel who have significant, delineated role(s) in the program's operation)? what difficulties, if any, have arisen surrounding authority and decision-making among these individuals? how have these individuals attempted to resolve these conflicts? what sort of impact have these authority conflicts had upon the staff "mood" and operation of the program?

i. is there staff turn-over during the course of the year or at end of the year? if yes, what are the reasons for leaving?

j. do individual staff feel that every staff member is pulling their own weight?

k. do individual staff feel they share the same educational philosophies? is this philosophical consensus considered important to the staff or to the functioning of the program?

if such a consensus is considered important and is lacking, what steps are being taken to resolve this problem?

1. in what ways is the participation of individual staff being evaluated? do staff (and students) feel satisfied and comfortable with this evaluation process?

III. CURRICULUM

a. is the instruction (e.g. course offerings) presented in the proposal being provided?
b. do the students seem to be "taking to" the curriculum (both in terms of enthusiasm and progress)?
c. in what ways does it seem desirable for the curriculum to expand, it at all?
d. does the scheduling of classes provide for adequate time, continuity, and depth to teach the chosen subject matters?
e. are there provisions for student input into the curriculum? are students taking advantage of these provisions?
f. are there any conflicts occuring around any curriculum ideas or project activities? if yes, where are these conflicts coming from? how are they being resolved?
g. does the curriculum seem to be appropriately geared to student ability levels? is it adequately individualized, where necessary?
h. are innovative approaches being used in the curriculum?
i. what are the strong areas of the curriculum? what are the weak areas?

IV. SCHEDULING/TIME

a. do students feel satisfied with the amount of time the program involves? does staff?
b. is the schedule allowing for "special" activities which staff/students want and consider important to the definition of the program as an "alternative"?
c. is there a feeling that the program involves enough time with students to make a significant impact?
d. do staff feel that time is being allocated in ways such that what they want to see happen is happening (including times for staff to meet together)?
e. do staff feel the program is demanding too much of their time? if so, how is this being handled?

f. how are the total hours of staff time allocated (to what activities and for how much time - for each individual on staff)?

g. how are the total hours of student time divided up (to what activities and for how much time)?

h. are there certain aspects of the program that staff and/or students feel should receive more time and others less?

i. is there any sense that students have too much "free" time?

j. (for schools - within - schools) is the program's schedule posing any conflicts with the school's regular schedule? if yes, how are these being resolved?

V. COUNSELING

a. have counseling procedures been set-up in keeping with those prescribed in the proposal?

b. do staff/students feel that there is adequate time within the program for counseling?

c. what sorts of issues are staff dealing with (with students) in their counseling activities: 1) what issues are students bringing to staff-as-counselors; and 2) what issues in students' behaviors are staff dealing with as counseling issues?

d. does staff-as-counselors feel overwhelmed by the weight of the personal lives/problems potentially exposed to them through the counseling relationship?

e. what kind of impact is the more personal relationship students are developing with staff having on students and staff?

f. what are the strongest aspects of the counseling provided by the program? the weakest?

g. how does staff handle students who pose chronic behavorial problems? does staff ever attempt to develop and follow through on a team approach?

h. in what ways, if any, have parents been involved in counseling activities?

VI. COMPETENCY SYSTEM

a. is the program using the ALP competency-based approach for graduation?

b. to what extent do students understand the concept of competency-based learning?

c. to what extent is the curriculum tailored to competency based learning?

d. are the competency-level requirements adapted from ALP suitable to the program's student population?

VII. GRADUATION REQUIREMENTS

a. do students (and staff) have a clear idea of what graduation requirements they are being asked to meet?

b. can students leave the program to return to "traditional" school in such a way that the credit and progress they have made in the alternative are translated into corresponding credits in the "traditional" environment? i.e. that they are not penalized for their participation in the "alternate" program?

VIII. STUDENT GOVERNANCE

a. has a system been established, as projected in the program proposal, for student in-put into decision-making?

b. in what areas do students have decision-making power?

c. have students made use of the governing powers they have been given? if not, why not?

d. how many students out of the total program population involve themselves regularly in issues of governance?

e. have students made or wanted to make decisions that conflicted with staff preferences or school (system) operating procedures? if yes, how were these conflicts resolved?

f. are students generally satisfied with their level of in-put into governing and shaping the program? are staff generally satisfied with the level of student participation in program governance?

IX. EVALUATION OF STUDENT PROGRESS

a. have adequate mechanisms (in terms of written forms and time) been set-up for teacher evaluation of student progress and student self-evaluation?

b. are students willingly and thoughtfully participating in this evaluation process? are they finding it helpful?

c. is the frequency of evaluations appropriate to the need to adequately monitor student progress?

d. has students' progress been adequately communicated to parents?

e. have fair and clear standards for awarding credit been established?

f. have minimum standards for student progress been established which a student must meet in order to remain enrolled in the alternative? if yes, have these been effective in motivating the students?

X. BUDGET

a. is the budget adequate to the needs of program? if not, why is it inadequate? what steps, if any, are being taken to handle or compensate for these inadequacies?

b. are there items not originally budgeted for that now seem needed? what steps, if any, are being taken to handle or compensate for these inadequacies?

c. has the program experienced any difficulties in getting supplies, activities, staff requests (for which there is money budgeted) fulfilled by central administration?

XI. PROGRAM EVALUATION

a. has the program kept pace and complied with the evaluation procedure outlined in the initial proposal or in the contract with the third-party evaluator? if not, what have been the difficulties with compliance and how are these being resolved?

b. is the formal program evaluation being used when possible to strengthen the program? to what extent are staff, students, and school administration aware of evaluation results?

XII. RELATIONSHIP OF PROGRAM TO REST OF SCHOOL (OR SCHOOL SYSTEM)

a. to what extent are people in the rest of the school (or in the school system) aware of the existence of this "alternative" program?

b. how is the program viewed by other students, staff, guidance personnel, and school administrators in the school (or system)?

c. do the views that these others have of the program jive with your own perceptions of the program? if not, what do you feel is causing the "distortion"?

d. have there arisen any problems surrounding authority and decision making over the program between those involved in its day-to-day operations and "superiors," who have no direct involvement in it? if so, how have these conflicts been handled? what have been the programmatic consequences of these conflicts, if any?

e. have there been any conflicts between students in the "alternative" and other students? between staff in the "alternative" and other faculty? how have these conflicts been handled? what have been the programmatic consequences of these conflicts, if any?

XIII. RELATIONSHIP OF PROGRAM TO COMMUNITY

a. has the Community Advisory Board been established as prescribed in the proposal? has it been functioning? are members satisfied with their level of participation in the program? is the program staff satisfied with the level of participation of the Community Advisory Board?

b. in what ways, if any, have parents been involved in the program? do they appear to be satisfied with this level of involvement? are students and staff satisfied with the degree of parent concern or participation?

c. has the program received local publicity? (newspapers, radio, t.v.)

d. is the community generally aware of the existence of the program?

e. how does the community generally view the program (if at all)? do community views of the program jive with your own perceptions? if not, what do you feel is causing the "distortion"?

XIV. PROGRAM CONTINUATION

a. what attempts are being made to secure money and support to continue the project beyond this year?

b. to what extent are these continuation activities diverting director/staff time from the current daily operation of the program?

EVERY CHILD A WINNER
MONITORING SHEET

TO:
FROM:

SUBJECT: Monitoring of Every Child A Winner

School _____
Grade _____
Time _____
Date _____
Teacher _____

1. Every Child A Winner Lesson plans are being implemented. YES NO

   Lesson Objectives_____
   Area _____Day _____

2. Materials asked for in lesson plan or appropriate replacement is being used. YES NO

3. Teacher is walking among children as the task are being posed. YES NO

4. Teacher is speaking in a conversational tone. YES NO

5. Every Child A Winner discipline techniques are being used. YES NO

6. A variety of auditory and visual signals are being used monthly. YES NO

7. Every Child A Winner hand signals are being used consistently. YES NO

8. The Movement Education area is safe and free of debris. YES NO

9. The Movement Education equipment is in good repair. YES NO

10. Children are being given the choice of working alone or with others. YES NO

11. Individual help is being given after the task is posed. YES NO

12. Every Child A Winner evaluation forms are being used. YES NO

13. The Movement Education Schedule is being implemented as planned. YES NO

14. Comments: _____

_____

_____

Exemplary Center for Reading Instruction - 2888 Highland Drive, Salt Lake City, Utah 34106 11/77

FIDELITY CHECKLIST

4-24

Teacher _____ Grade _____ School _____ City _____ Date _____

Reading Program _____ Observer _____

	I	II	III
Instructional Levels			
Level of Words Taught			

Records

(A) Pupil Record (B) Pupil Enrichment Reading Record (C) Timed Practices

1. Pupil
   a. _____ _____ _____ _____ ECRI
   b. _____ _____ _____ _____ self-
   c. _____ _____ _____ initiated
2. Teacher
   a. _____ OR; _____ Comp; _____ Written
   b. _____ OR; _____ Comp; _____ Written
   c. _____ OR; _____ Comp; _____ Written

(D) Pupil Mastery Tests
1. _____
2. _____
3. _____

(E) Teacher Record Form
1. _____ ECRI
2. _____ Self-initiated

(F) _____ Discussion Record

(G) Other records being used:

Skills Groups	Ob	ST	Other
I			Language
II			Arts Time:
III			(Describe)

Practice Time			
Pupils			
Teacher			
Ind. Conf.			
Mas. Testing			
Discussions			
Back up Skills			
Penmanship			
Dictation			
Spelling			
Total Time			
Ratio			

Materials

Teacher Chart paper _____ Flash cards _____
Spelling _____ Word Formation _____
Lined chalk boards _____ Penmanship _____

Charts/Transpar

_____ W D _____ Comp. _____ Spelling dittos
_____ Sentences _____ Wd. lists _____ Penmanship dittos
_____ Cr. Wr. _____ Dict. _____ Mastery test practice
_____ St. S. _____ Oral lang. _____ Write a story dittos
_____ Read a story dittos

Pupil Paper _____ Notebooks _____ Pencils _____

Creative Writing Based on
Assigned _____ Skill Instruction
Followed _____ _____
Enrichment Reading
Assigned _____ _____
Followed _____
Ind. level _____ Oral Responding
Positive Reinforcement E. R. _____
Skills _____ Sp. Instr. _____
Cr. Wr. _____ Basal _____
E. R. _____ Mastery Prac. _____
Back up _____ Select. Act. _____
Practice Time _____ Timed Prac. _____

Group	I		Follow up	Unison	Materials Appropriate	II		Follow up	Unison	Materials Appropriate	III		Follow up	Unison	Materials Appropriate
	Skill	Directives				Skill	Directives				Skill	Directives			
Comprehension															
Study Skill															
Creative Writing															
Oral Language															
Penmanship															
Spelling															
Dictation															

Practice Time

Student Following Mastery Test Cycle - Are pupils able to exit without going through cycle? _____

1. _____
2. _____
3. _____

Selected activities
meaningful _____
variety _____

Objectives:

Teacher
Individual Conference

	OR	COMP	WRITTEN WORK	RECORDS	I.E.C	CARDS	READINESS
a.							
b.							
c.							

Checklist
meaningful _____
variety _____

Mastery Tests:

	WL	SP	Oral	C	M.T.	Record Keeping Card	Teacher	Readiness	Starts Pupil in Cycle	Strategies If Not Passed
a.										
b.										
c.										

Group Discussions: (Describe) _____

Sounds/Symbols

SOUNDS
OBJ
THE
WHAT
THIS
SAY
WHAT
S & R
WSR
P & C
WHAT
S & S
PRACT

Review — Correct?

I from___ to___ _____
lowest___ highest___
II from___ to___ _____
lowest___ highest___
III from___ to___ _____
lowest___ highest___

	lists	cards	sentences
s.t.			
m.t.			
s.u.			
m.u.			

Unison Response_____

Words

PHONICS
OBJ
SOUND
READ
SENT
READ
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S & R
WSR
P & C
S & S
SOUND
THINK
TELL
SENT
QUES
OBJ
READ
LS
SS
LD
SD
S & R
READ

Words

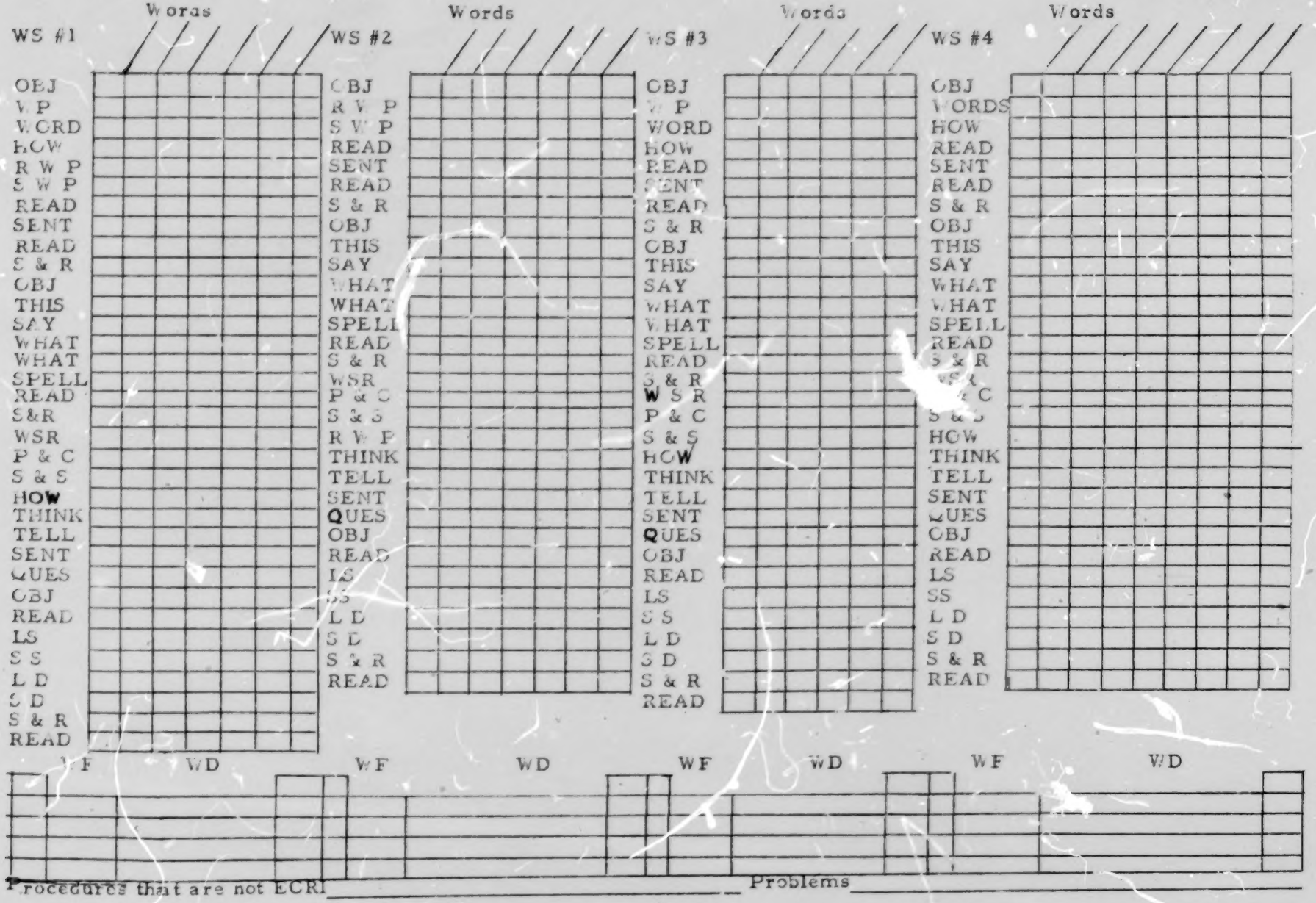
SIGHT
OBJ
THIS
READ
SENT
READ
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S & R
WSR
P & C
S & S
THIS
THINK
TELL
SENT
QUES
OBJ
READ
LS
SS
LD
SD
S & R
READ

Words

SYLLABLES
OBJ
SYLL
READ
SENT
READ
S & R
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S & R
WSR
P & C
S & S
SYL
THINK
TELL
SENT
QUES
OBJ
READ
LS
SS
LD
SD
S & R
READ

WF WD WF WD WF WD

Procedures that are not ECRI _____
Problems _____
Unison Response _____


Words
WS #1
OBJ
V P
V CRD
HOW
R W P
S W P
READ
SENT
READ
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S&R
WSR
P & C
S & S
HOW
THINK
TELL
SENT
QUES
OBJ
READ
LS
S S
L D
S D
S & R
READ
WF
WD
Words
WS #2
OBJ
R V P
S W P
READ
SENT
READ
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S & R
WSR
P & C
S & S
R W P
THINK
TELL
SENT
QUES
OBJ
READ
LS
S S
L D
S D
S & R
READ
WF
WD
Words
WS #3
OBJ
W P
WORD
HOW
READ
SENT
READ
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S & R
W S R
P & C
S & S
HOW
THINK
TELL
SENT
QUES
OBJ
READ
LS
S S
L D
S D
S & R
READ
WF
WD
Words
WS #4
OBJ
WORDS
HOW
READ
SENT
READ
S & R
OBJ
THIS
SAY
WHAT
WHAT
SPELL
READ
S & R
S & S
HOW
THINK
TELL
SENT
QUES
OBJ
READ
LS
S S
L D
S D
S & R
READ
WF
WD
Procedures that are not ECRI
Problems

Skill				Skill				Skill				Words					
PENMANSHIP				LITERAL				INFER.				SPELL.					
LET'S GET				YOU				YOU				LETS					
YOU WILL				WHAT				WHAT				S & R					
EVERYONE				TO FIND				WHEN				TRACE					
WHEN				HOW				HOW				WSR					
WHERE				I WILL				I WILL				P & C					
EVERYONE				WHAT				I WILL				S & S					
NOTICE				NOW I				READ				WSR					
IS THIS				WHAT				NOW I				P & C					
WHY				ARE				WHAT				W. F.					
THAT'S				YES				TELL				PUT					
IS THIS				WHAT DO				DID				SAY					
WHY				THEN				WHAT				WHAT					
NOTICE				I CAN				WHAT				WHAT					
RECITE				NOW I				WHEN				SPELL					
WHAT				SEE				NOW				READ					
THAT'S				READ				YOU WILL				S & R					
WATCH				READ				YOU WILL				TRACE					
WHEN				NOW YOU				READ				WSR					
HELP				WHAT				NOW YOU				W. D.					
WAS				ARE				WHAT				OBJ					
WHY				YES				TELL				POINT					
LET'S				WHAT DO				DID				LS					
PUT				THEN				WHAT				SS					
TRACE				LOOK				WHAT				LD					
PUT				NOW				WHEN				SD					
COMPLETE				SEE				NOW				S & R					
LOOK				TODAY				YOU WILL				READ					
PUT				YOU				READ				TRACE					
PUT				WHAT				WHAT				DICT.					
WRITE				TO FIND				WHAT				LETS					
				READ				WHAT				THE					
Letters Taught				READ				NOW				SAY					
_____				LOOK				WE				WRITE					
_____				NOW YOU								PROOF					
_____				SEE								CORRE					
												MONIT					
												PRAC					
												P & C					

4-28

Level of Words Taught (Sp)

Group	Group
I _____	I _____
II _____	II _____
III _____	III _____

Same spelling wds. as new words in skills _____ optional

Level of Words Dictated

Group	Group
I _____	I _____
II _____	II _____
III _____	III _____

DIR 1				
STOP				
CIR				
PROOF				
COUNT				
ERASE				

DIR 2				
STOP				
CIR				
PROOF				
COUNT				
ERASE				

DIR 3				
STOP				
CIR				
PROOF				
COUNT				
ERASE				

Key for Directives:

1. Number directives in sequence given: 1, 2, 3 etc.
2. If directive is faded but pupils respond, record number in parentheses, ex., (2).
3. Record group # on each sheet or column if one sheet is used.

Key for Other:

+ = correctly done
x = incorrectly done
- = not done
m = modeled for teacher

DISCUSS WITH TEACHER:

No. of words taught each group _____

Rate of teaching new words _____

Rate of teaching other skills _____

Sequence of skills taught _____

Quality and variety of review and materials used _____

Time wasting activities _____

Follow-up of instant error word cards _____

Number of positive statements and to whom _____

Number of negative statements and to whom _____

Monitoring of pupil responses _____

Date_____

MONITORING FORM - SCHOOL

HOSTS-Help One Student To Succeed

READING

1. Name of school (& district) _____
2. Name of reading specialist _____
3. Information on reading resource center:
   a. Is space adequate? Yes___No___
   b. Is furniture condusive to one-to-one tutoring? Yes___No___
   c. Is center centrally located? Yes___No___
   If no, describe:

4. Information on materials:
   a. Are materials adequate? Yes___No___
   b. Are students' self-selection books coded by reading level? Yes___No___
   c. Are materials being cross referenced? Yes___No___
   d. Is cross referencing format being followed? Yes___No___
   e. Will funds be provided to replace worn or consumable materials next year? Yes___No___
   f. Are materials housed in resource room? Yes___No___
   If no, where?
   g. Are you using Fountain Valley Management System? Yes___No___
   If not, what management system are you using?
   h. Is Santa Clara Inventory being used? Yes___No___
   i. Are informal reading inventories used? Yes___No___
   Which one(s)?

   Was it accurate for placement in your management system? Yes___No___

5. Information on certified and classified personnel:
   a. Is there a certified reading instructor in your building? Yes___No___
   How many? _____
   b. Is there a full-time aide for each reading instructor? Yes___No___
   How many? _____
   c. How many target students are there for each reading instructor? _____

Monitoring Form-School, HOSTS Reading (cont.)

d. Describe duties of aide:

6. Information regarding adult tutors:
   a. Are adults being used as tutors? Yes___No___
   b. Number of adults involved _____
   c. Do you have a volunteer coordinator? Yes___No___
   d. What agencies or methods have you utilized to assist in recruiting adults?

7. Information relating to high school tutors:
   a. Are high school students being used as tutors? Yes___No___
   b. Number of high schools involved _____
   c. Number of high school students involved _____
   d. Are high school tutors receiving credit for HOSTS? Yes___No___
   e. Are high school tutors receiving grades in HOSTS? Yes___No___
   f. How did you recruit high school tutors?

   g. What mode of transportation are high school students using to get to HOSTS centers?
      _____ On same campus
      _____ Walk
      _____ Use their own autos
      _____ School transportation - what kind? _____
      _____ Other (please indicate) _____

8. Information relating to junior high school tutors:
   a. Are junior high students being used as tutors? Yes___No___
   b. Number of junior high schools involved _____
   c. Number of junior high school students involved _____
   d. How did you recruit junior high school tutors?

   e. Are junior high students receiving grades in HOSTS? Yes___No___
   f. What mode of transportation are jr. high students using to get to HOSTS centers?
      _____On same campus _____Walk
      _____School transportation - what kind? _____
      _____Other (please indicate) _____

Monitoring Form-School, HOSTS Reading (cont.)

9. Are elementary students being used as cross age tutors? Yes___No___
   Number involved _____

10. Does your principal tutor? _____

11. Information on training:
   a. Have your reading instructors been trained for HOSTS? Yes___No___
   b. Have your aides been trained for HOSTS? Yes___No___
   c. Has your building principal been trained as to his role in HOSTS? Yes___No___
   d. Has your staff been oriented to HOSTS? Yes___No___
      By whom? _____
   e. Have your volunteers been oriented to HOSTS? Yes___No___
      When? _____ By whom? _____
   f. Do you conduct inservice sessions for cross age, junior high, and high school tutors? Yes___No___
      When? _____
   g. Does your principal participate in inservice sessions? Yes___No___
      Is he present during orientation or training sessions? Yes___No___

12. Information on lesson planning:
   a. Does every student in HOSTS have his/her own individual reading plan? Yes___No___
      If no, describe how plans for instruction are effected:

   b. Does each pupil in HOSTS have a student folder? Yes___No___
   c. Are Long Range plans completed for each student? Yes___No___
   d. Are Daily Lesson plans completed for each student? Yes___No___
   e. Are Daily Lesson plans prepared a week in advance? Yes___No___
   f. How often are plans checked? _____
   g. Are record keeping forms available to monitor students' work? Yes___No___
      If no, describe alternative:

Monitoring Form-School, HOSTS Reading (cont.)

d. Describe duties of aide:

6. Information regarding adult tutors:
   a. Are adults being used as tutors? Yes___No___
   b. Number of adults involved _____
   c. Do you have a volunteer coordinator? Yes___No___
   d. What agencies or methods have you utilized to assist in recruiting adults?

7. Information relating to high school tutors:
   a. Are high school students being used as tutors? Yes___No___
   b. Number of high schools involved _____
   c. Number of high school students involved _____
   d. Are high school tutors receiving credit for HOSTS? Yes___No___
   e. Are high school tutors receiving grades in HOSTS? Yes___No___
   f. How did you recruit high school tutors?

   g. What mode of transportation are high school students using to get to HOSTS centers?
      _____ On same campus
      _____ Walk
      _____ Use their own autos
      _____ School transportation - what kind? _____
      _____ Other (please indicate) _____

8. Information relating to junior high school tutors:
   a. Are junior high students being used as tutors? Yes___No___
   b. Number of junior high schools involved _____
   c. Number of junior high school students involved _____
   d. How did you recruit junior high school tutors?

   e. Are junior high students receiving grades in HOSTS? Yes___No___
   f. What mode of transportation are jr. high students using to get to HOSTS centers?
      _____On same campus _____Walk
      _____School transportation - what kind? _____
      _____Other (please indicate) _____

Monitoring Form-School, HOSTS Reading (cont.)

9. Are elementary students being used as cross age tutors? Yes___No___
   Number involved _____

10. Does your principal tutor? _____

11. Information on training:
    a. Have your reading instructors been trained for HOSTS? Yes___No___
    b. Have your aides been trained for HOSTS? Yes___No___
    c. Has your building principal been trained as to his role in HOSTS? Yes___No___
    d. Has your staff been oriented to HOSTS? Yes___No___
       By whom? _____
    e. Have your volunteers been oriented to HOSTS? Yes___No___
       When? _____ By whom? _____
    f. Do you conduct inservice sessions for cross age, junior high, and high school tutors? Yes___No___
       When? _____
    g. Does your principal participate in inservice sessions? Yes___No___
       Is he present during orientation or training sessions? Yes___No___

12. Information on lesson planning:
    a. Does every student in HOSTS have his/her own individual reading plan? Yes___No___
       If no, describe how plans for instruction are effected:
    b. Does each pupil in HOSTS have a student folder? Yes___No___
    c. Are Long Range plans completed for each student? Yes___No___
    d. Are Daily Lesson plans completed for each student? Yes___No___
    e. Are Daily Lesson plans prepared a week in advance? Yes___No___
    f. How often are plans checked? _____
    g. Are record keeping forms available to monitor students' work? Yes___No___
       If no, describe alternative:

Monitoring Form-School, HOSTS Reading (cont.)

13. Evaluation information:

a. How was target population determined?

_____

b. Are informal reading inventories being used continuously?

_____

c. Are you using a criterion referenced test for determining instructional strategies and skills management?_____
If not, describe alternative:

d. When was criterion referenced test administered?_____

e. Is Santa Clara being utilized for HOSTS target students?_____
by primary teachers?_____

f. Are HOSTS students' progress monitored continuously?_____
When: daily_____
every other day_____
weekly _____
other (describe) _____

g. Does every HOSTS target student receive one-to-one instruction at least four days during each week? _____
If not, why? _____
How often? _____

h. Date of pre testing _____
Name of test used _____

i. Date of post testing _____

j. Are you collecting test data to share with HOSTS Corporation for analysis? _____

k. What is being done to coordinate HOSTS student's program with his regular classroom program?

14. Describe activities or events (past or planned) for the dissemination and/or promotion of HOSTS in your district and community. ((Please enclose any news articles)

Thank you for taking the time to fill out this form. This information is most important to the program.

PROJECT I-C-E EPISODE MONITORING REPORT

Please complete this form for each episode you use from the I-C-E guides.

Grade/Subject: _____ Concept: _____ Page: _____

Approximate class period for each lesson: _____ hours.

Teacher _____

School _____

		RATING					COMMENTS
		Below Average	Average	Above Average	Superior		Continue on back of page if you wish.
What did you do? (Please circle activity letters to tell which you did. Note any adaptations you made.							Did the students enjoy the activities? Why?
In Class	A						
	B						
	C						
	D						
	E						
Outside Or Community	A						
	B						
	C						
	D						
	E						
What did you use?							Which were outstanding or less useful than you had expected? Why?
I-C-E References/Resources							
Other publications							
I-C-E audio-visual materials							
Other audio-visual materials							
Who did you use?							Who? How?
Community:							
a. Persons							
b. Places							
c. Things							

What percentage of students attained the following:	PERCENTAGES				How do you feel about the results?
	0-25	26-50	51-75	76-100	
Cognitive objective(s)					
Affective objective(s)					
Skills					

WEEKLY LOG OF CLASSROOM USE OF
DRUG PREVENTION EDUCATION PROGRAM

Name _____ For the Week of: _____ Monday(Date) - Friday(Date)

School Address _____

City _____ State _____

How did you spend your one hour this week that was designated to be used for the Drug Prevention Education Program?

_____

_____

_____

_____

What, if any, were some of the problems encountered when doing the above mentioned activities?

_____

_____

_____

_____

General Comments: _____

_____

_____

_____

_____

_____

_____

Date to be returned to your Coordinator _____

PARENT READINESS EDUCATION PROJECT

IMPLEMENTATION CHECK LIST

4-36

Date	Activities	Degree of Satisfaction:					Evidence	Comments or Anticipated Changes
		Yes	No	Minimal	Moderate	High		
	Training							
	Administration	—	—	—	—	—		
	Staff-professional	—	—	—	—	—		
	Staff-paraprofessional	—	—	—	—	—		
	Publicity							
	Community	—	—	—	—	—		
	Parents	—	—	—	—	—		
	School Personnel	—	—	—	—	—		
	Administrative Support	—	—	—	—	—		
	Board of Education Support	—	—	—	—	—		
	Facilities							
	Observation Room	—	—	—	—	—		
	Classroom	—	—	—	—	—		
	Parent Meeting Room	—	—	—	—	—		
	Equipment - Children							
	Furnishings	—	—	—	—	—		
	Small Motor	—	—	—	—	—		
	Large Motor	—	—	—	—	—		
	Supplies	—	—	—	—	—		
	PEEK	—	—	—	—	—		
	Peabody	—	—	—	—	—		
	Visual	—	—	—	—	—		
	Auditory	—	—	—	—	—		

Date	Activities	Degree of Satisfaction:					Evidence	Comments or Anticipated Changes
		Yes	No	Minimal	Moderate	High		
	Equipment - Parents							
	Curriculum Material	—	—	—	—	—		
	Books	—	—	—	—	—		
	Miscellaneous Supplies	—	—	—	—	—		
	Screening							
	Selecting Target Pop.	—	—	—	—	—		
	Observations of Program In Operation							
	Classroom							
	Schedule	—	—	—	—	—		
	Activities	—	—	—	—	—		
	Parent Group	—	—	—	—	—		
	Home Activities	—	—	—	—	—		
	High School Students	—	—	—	—	—		

If any problems have been encountered, please describe the problem and strategies used to resolve them.

Other comments and questions:

Attachment 1

Project: PEGASUS-PACE
Tuscaloosa City Schools
1100 - 21st Street, East
Tuscaloosa, Alabama 35401
205/758-2323

Adopting State _____

School District _____

School _____

ADOPTION PROGRESS REPORT FORM

Report prepared by _____ Date _____

School Address _____

City _____ State _____ Zip _____ Phone _____

Principal _____ Number of Teacher Participants _____ Number of Student Participants _____

For each of the following aspects of program adoption, please describe progress made during the present reporting period ending _____.
Date

PROGRESS REPORTED	FEEDBACK NEEDED FROM PEGASUS-PACE
1. The degree to which informal reading inventories have been administered to students entering the PEGASUS-PACE Continuous Progress Reading Program:	1.
2. The degree to which the appropriate diagnostic instruments have been administered to the students in the program.	2.
3. The degree to which teachers are using the Sub-Grouping Charts as a basis for sub-grouping students according to diagnosed need.	3.
4. The degree to which teachers are in the process of developing learning activities for a reading resource file in order to personalize diagnosed instructional needs of students.	4.

5. The degree to which teachers are reporting to students and parents in a manner appropriate to the PEGASUS-PACE Continuous Progress Program.	5.
6. The specific staff development activities which have occurred to this point.	6.
7. The possible staff development plans that have been made for the future.	7.
8. Any pre-post summative evaluation activity which has been conducted.	8.

If any problems have been encountered during this reporting period, please describe the strategies used to resolve them.

Other Comments and Questions:

Project PATL
Bethalto Community Unit School District # 8
322 East Central Street
Bethalto, Illinois 62010

PROJECT: POSITIVE ATTITUDE TOWARD LEARNING
ADOPTION MONITORING INSTRUMENT

1. School District: _____

2. Contact Person: _____ Position _____

3. Phone: _____

4. To what extent are the objectives of the project understood by:

   a. the teaching staff: (high) 5 4 3 2 1 (low)

   b. the building principal: 5 4 3 2 1

   c. the central office: 5 4 3 2 1

   d. board: 5 4 3 2 1

5. Have the PATL materials (kits) been acquired: _____ yes _____ no

6. Have the necessary instructional materials been acquired: _____ yes _____ no

7. How many staff members have received training as Kit advisors: _____

8. Was an in-service session been held to explain the project to the teaching staff: _____ yes _____ no

9. How many individual schools within the District are involved in the PATL Program? _____

10. Total enrollment of schools involved. _____

11. How many teachers are involved in the PATL in-service program:

    _____ Elementary _____ Junior High _____ High School

12. To what extent is the project supported by:

    a. the teaching staff: (high) 5 4 3 2 1 (low)

    b. the building principal: 5 4 3 2 1

    c. the central office: 5 4 3 2 1

13. Does the adoption include:

    a. release time for kit advisors: _____ yes _____ no

    b. re-certification credit for participants: _____ yes _____ no

    c. financial stipends for kit advisors: _____ yes _____ no

d. financial stipends for participants: _____yes _____no

e. other incentives: Please explain_____

_____

14. Among teachers who have completed one or more kits, the impact on teachers and students has been:

High Positive Impact				No influence or detrimental impact on teachers or students.
5	4	3	2	1

15. The number of teachers who have completed each kit is:

_____Improved Self Concept _____Active Involvement

_____Processes of Learning _____Individualized Instruction

16. Summary: (Please comment in depth on project strength/weakness--success or failure experienced--adaptions made--survival chances--etc.)

STRATEGIES IN EARLY CHILDHOOD EDUCATION
Task Analysis of Classroom Behaviors

Teacher _____ School _____ Date _____

Grade _____ District _____ Monitor _____

I. _____ At least 95% of the children in the class have been assessed with the Early Childhood Assessment Instrument and the results profiled.

II. _____ The Chart of Behavioral Objectives is displayed and lesson plans reflect sequenced objectives.

III. Learning centers are established that are:

_____a. related to visual, auditory, motoric, and verbal objectives

_____b. related to cognitive levels

_____c. utilizing self-correcting teacher-made materials

_____d. incorporating commercial materials with behavioral objectives.

IV. Prescription periods are structured where:

_____a. tasks are based on individual priorities

_____b. allowance is made for some self-selection of activities

_____c. children are learning through experiencing and experimenting

_____d. long range goals and behavioral objectives are developed for each student.

V. _____ The Chart of Pupil progress is maintained for the class and each child.

VI. Parent involvement is encouraged with:

_____a. individual conferences based upon the child's progress according to the Chart of Objectives

_____b. parent volunteers assisting in the screening

_____c. group meetings are held to explain the "strategies" approach.

VII. Comments:

As State Facilitator working with the National Diffusion Network and Developer Demonstrator Projects, I am asked to submit periodic reports to USOE. I would appreciate it very much if you would complete the report below and return it as soon as possible so that I can include the information in the report.

Return to: John Padgett, State Facilitator
Department of Education
Room 1707, Plaza Tower Office Bldg.
Frankfort, Kentucky 40601

ADOPTION REPORT

Name of Project Adopted/Adapted _____

Name of School(s) Adopting Project _____

_____

LEA Contact Person _____

Telephone Number _____

Number of Persons Trained by Project _____

Number of Additional Persons Receiving Training from LEA Staff Who Were Originally Trained (Secondary Training) _____

Number of Pupils Benefiting from Project Adoption _____

Status of Adoption:

NEW HAMPSHIRE FACILITATOR CENTER
80 South Main Street, Concord, N.H. 03301
Tel. (603) 224-9461

PROGRAM:
DISTRICT:
CONTACT:
TELEPHONE:

MONITORING VISIT #1

1. BUDGET REVIEW

   a. Expenditures by Account

   b. Bills Outstanding

   c. Balance vs Future Plans

TASK ANALYSIS:

2. PROPOSAL OBJECTIVES

   a. Amendments to the original objectives.

   b. Additions to the original objectives.

TASK ANALYSIS:

3. SCHOOL STAFF TEAM INVOLVED IN THE ADOPTION

NAMES	LAST MEETING DATE	NEXT MEETING DATE

4. ACQUISITION OF PROGRAM AND SUPPORT MATERIALS

TASK ANALYSIS:

5. SELECTION OF AN ON-SITE COORDINATOR (If Appropriate)

NAME(S) FUNCTIONS

6. BASELINE DATE COLLECTED FOR USAGE IN FINAL EVALUATION: INSTRUMENTS/PROCESSES

TASK ANALYSIS:

7. DEVELOPMENT OF A LEVEL OF AWARENESS: SCHOOL, SCHOOL BOARD, COMMUNITY

MEDIUM/VEHICLE

TASK ANALYSIS:

8. DOCUMENTATION FOLDER: PROCESS/PRODUCT

INCLUSIONS: News articles, board minutes, outline or agenda of all project related meetings, telecon notes, workshop materials, literature concerning the project, etc.

9. OTHER

SITE CHARACTERISTICS ANALYSIS

FACT RECORDING FORM

1. Personal characteristics of key members of the adopting site. (Observation)

2. General operating style of the adopting site.
   (Interview with coordinator and Observation)
   (Regular school staff meetings, style of decision-making.)
   (Key Words: Authoritarian, Changeable, Systematic, Organized)

3. Internal communication and relationship (Observation)
   (Interaction and cooperation among adopting site participants.)
   (Support)

4. Motivation behind the adoption. (Interview and Observation)
   (Opportunism vs. Perceived Need)
   (Decision-Maker Mandate vs. Total Staff Recognized Need)

5. Management Design. (Observation)
   Are the new management behaviors compatible with established district practices and procedures?

   Can the designated invididual actually carry out his change in an expeditious manner?

   How is the manager perceived/received by the participating teachers?

   Are there provisions for continuous feedback on effectiveness?

6. Degree of adaptation by local personnel.

7. Degree of change that is occurring (has occurred).

   Are there changes in staffing patterns?

   Are there shifts in roles and responsibility?

   Is there a development of additional expertise in participating staff members?

   Is there increased communication with the community?

8. Vulnerability to external pressure (Community - School - Program Relationship)

9. Program Installation Timeline: "On Schedule" or Off Schedule". Why if off?

10. Budget Management - Problems and/or suggestions.

11. Number of staff still implementing program.

12. School - Community - School Board Awareness.

13. Baseline Data collected for usage in final evaluation

14. Unanticipated problems and/or outcomes.

SECTION FIVE

EVALUATION AND IMPACT ASSESSMENT FORMS

Currently, National Diffusion Network State Facilitators (SFs) and Developer/Demonstrators (D/Ds) are collecting two types of data -- summative and formative -- to judge the success of their dissemination strategies and the impact of program adoptions.

Summative evaluation measures the impact of treatment (after sufficient time has elapsed for the expected impact). A D/D might gather summative data on pupil gains, teacher skill acquisition, or number of adoptions that are successful after a given period. Or an SF might ask, "Did a specific awareness conference generate a lot of interest?" Formative evaluation, on the other hand, is designed to monitor activity on an ongoing basis (providing information needed to redirect activities with inservice training, follow-up services, site visits, and the like). For example, many D/Ds assemble data indicating whether the key elements of an adoption are in place. Many D/Ds and SFs also collect data from attendees at training workshops -- data that help in redirecting subsequent presentations to meet audience needs more closely. Formative information-gathering is used by SFs, D/Ds, and Local Education Agency personnel to increase the probability of a successful implementation.

Below are some suggested guidelines for developing the evaluation form.

(1) Clearly define the intent of the evaluation. This information should be stated at the top of the form.

(2) Determine the appropriate timing for data collection (e.g., immediately after the workshop presentation; at a certain time after program implementation; etc.).

SECTION FIVE

EVALUATION AND IMPACT ASSESSMENT FORMS

Program Awareness Evaluation 5-3

Site Visit Evaluation. 5-19

Training Workshop Evaluation 5-27

Pupil and Teacher Outcome Evaluation 5-51

Implementation Evaluation. 5-55

Program Awareness Evaluation

ACTIVE: ALL CHILDREN TOTALLY INVOLVED EXERCISING, D/D, Oakhurst, NJ

Awareness Offering: Evaluation Form 5-5

This instrument gathers both formative and summative information (which composite data is sent immediately to both workshop trainer and State Facilitator). It clarifies objectives and specifies who must be contacted and what must be done to get results and/or follow-up.

CURRICULUM FOR MEETING MODERN PROBLEMS (THE NEW MODEL ME), D/D, Lakewood, OH

Awareness Presentation Evaluation 5-6

In addition to its primary function, this evaluative instrument also gauges interest and determines how well the client understands the project's objectives.

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS (ESSP), D/D, Flemington, NJ

Workshop Evaluation 5-7

This form provides clues for the improvement of presentations, and hunches about which are the seriously interested potential adopters, as a bonus.

EXPERIENCE-BASED CAREER EDUCATION (EBCE), D/D, San Francisco, CA

Follow-up of Awareness Conference Attendees 5-8

This is mailed 30 days after an awareness conference. The return rate is sometimes less than 50%, as is often the case with mailed questionnaires. It serves its purpose, however, if one assumes that people interested in more information about the program will be among those who return the questionnaire. In some instances, it may be worthwhile to telephone people, completing the form using information obtained in conversation.

Conference Evaluation 5-11

This form has worked well. The open-ended questions yield a good idea of whether the awareness conference was what participants expected and whether it met their needs.

FLAGSTAFF REMEDIAL READING PROJECT (Title I), D/D, Flagstaff, AZ

"What Next?" or Where Do We Go From Here? 5-12

This is used at the close of in-depth awareness sessions to determine degree and nature of interest in pursuing adoption.

PREDICT-I: PRE-KINDERGARTEN EDUCATION FOR THE DISADVANTAGED CHILD -- TITLE I, D/D, Cedar Rapids, IA

Evaluation Rating Sheet 5-13

This evaluation instrument is broad enough to allow for differences within the groups being served, (e.g., teacher, nurse, etc.). Presentation of each component of the Predict-I program is rated independently so that specific adjustments can be made in the workshops.

THE EXCHANGE, SF, Minneapolis, MN

Program Awareness Evaluation Form 5-15

This form, previously larger, has been reduced to a more convenient size (thereby making it easier to duplicate). The box to indicate who is responding (teacher or aide, public or private) was also added in revision.

NEBRASKA/IOWA STATE FACILITATOR PROJECTS, SF, Bellevue, NB

Evaluation Form 5-16

A quick, general assessment that provides meaningful formative feedback for future presentations and follow-up.

WYOMING INNOVATIVE NETWORK SCHOOLS-FACILITATOR, SF, Cheyenne, WY

Program Evaluation Form 5-17

Clients like this form because it can be filled out quickly.

Township of Ocean School District

Project ACTIVE Orientation Workshop

ESEA, Title III
Project No. 72-341
Project Director:
Dr. Thomas M. Vodola

AWARENESS OFFERING: EVALUATION FORM

Site: _____ Presentor(s) _____

Directions: Please rate the presentation on the basis of the rating scale on the bottom of the page.

	POINTS
1. Significance of the topic	_____
2. Quality of the lecture/lecturer	_____
3. Effectiveness of the demonstration/demonstrators (if applicable)	_____
4. Achievement of the objectives of the presentation	_____
OVERALL RATING OF THE PRESENTATION	_____

Other Comments

1. Are you interested in implementing the individualized motor activity program? _____
2. Would you be interested in participating in one of the Project ACTIVE Teacher Training Programs if it were offered in your state? _____

   If your response is in the affirmative, indicate the program desired:

   Pre-K, Low Motor Ability, Perceptual Motor Mini-program (3-8 hr. sessions) _____

   Competency-Based Teacher Training Program Maxi-program (5-8 hr. sessions) _____
3. Would you be interested in visiting the Project ACTIVE Demonstration Site in New Jersey? _____

Note: Interested parties are requested to contact the State Facilitator(s) or the Title III Coordinator in their state to make arrangements for either #2 or #3. If neither source is available, please contact:

Dr. Thomas M. Vodola
Director, Project ACTIVE
Dow Avenue
Township of Ocean School District
Oakhurst, New Jersey (201) 531-6600 Ext. 365

4. Please list your area of certification or instructional position. _____

1	2	3	4	5
Poor	Fair	Average	Good	Excellent

A DEVELOPER/DEMONSTRATOR PROJECT IN THE U.S.O.E. NATIONAL DIFFUSION NETWORK
THE LAKEWOOD BOARD OF EDUCATION 1470 WARREN ROAD LAKEWOOD, OHIO 44107
(216) 579-4267

CURRICULUM FOR meeting modern problems

AWARENESS PRESENTATION EVALUATION

PRESENT POSITION _____

SCHOOL SYSTEM/DISTRICT _____

DATE _____

Place the letter/s that best represents your position on the blank at the left of each item.

Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)

_____ 1. I understand the relationship between this project as a Developer/ Demonstrator and schools as Potential Adopters.

_____ 2. I understand the various ways in which THE NEW MODEL ME can be implemented in a school's course of studies.

_____ 3. I know the general services performed by this project's staff to aid schools in adopting the curriculum.

_____ 4. I learned the key factors of human behavior as expressed in the "behavior equation."

_____ 5. I learned the relationship between the behavior equation and the curriculum.

_____ 6. THE NEW MODEL ME is affective curriculum and its teachers need to be reasonably non-judgmental with students.

_____ 7. I understand that this curriculum is primarily cognitive with little emphasis placed on activities in the classroom.

_____ 8. I am interested in learning more about this project.

_____ 9. I believe that THE NEW MODEL ME fits some of the needs of the school(s) I represent.

_____ 10. I would like my school(s) staff to participate in the project's workshops.

EDUCATIONAL SERVICES FOR SCHOOLAGE PARENTS
FAMILY LEARNING CENTER
NEW BRUNSWICK, N.J.

W O R K S H O P E V A L U A T I O N

The following questions are being asked so that you may help us evaluate this Workshop. Your evaluation will help this program in its responsibility to help other school districts replicate elements of the program.

The rating scale for this form will range as follows:

5 ..... Excellent
4 ..... Above average
3 ..... Average
2 ..... Below average
1 ..... Poor

(1) How would you rate the Workshop on information you received on Medical, Health and Child-Care?
5_____ 4_____ 3_____ 2_____ 1_____

(2) How would you rate the workshop on information you received on Family Life Education?
5_____ 4_____ 3_____ 2_____ 1_____

(3) How would you rate the Workshop on information you received on the Academic Program?
5_____ 4_____ 3_____ 2_____ 1_____

(4) How would you rate the Workshop material presented to you in the packet provided (in blue jacket)?
5_____ 4_____ 3_____ 2_____ 1_____

(5) How would you rate the Workshop on the facilities and workshop procedures?
(5)_____ 4_____ 3_____ 2_____ 1_____

(6) How would you rate the Workshop's impact on your awareness or greater awareness of the need for such a program?
5_____ 4_____ 3_____ 2_____ 1_____

(7) How would you rate the Workshop's impact on your awareness of the role that you may see for yourself for future involvement in this kind of program?
5_____ 4_____ 3_____ 2_____ 1_____

Comment: Please add any comments you may have on the back of this sheet. Also, any suggestions or recommendations you may have for future workshops in this area. We greatly appreciate the sharing of your thoughts with us.

(FLC-06/27-30)

FAR WEST LABORATORY
FOR EDUCATIONAL RESEARCH AND DEVELOPMENT

EVALUATION OF FWL-EBCE FIELD SERVICES
Form 6: Follow-up of Awareness Conference Attendees

NAME _____ DATE _____

DISTRICT _____

1. What is the present status of your district regarding FWL-EBCE?

[ ] We have not considered EBCE adoption/adaptation and don't plan to in the foreseeable future

[ ] We have not yet formally considered EBCE adoption/adaptation but plan to soon

[ ] We are considering EBCE adoption/adaptation but a negative decision is likely

[ ] We are considering EBCE adoption/adaptation - either a positive or a negative decision is possible

[ ] We are considering EBCE adoption/adaptation and a positive decision is likely

[ ] We have decided to adopt/adapt EBCE

2. Which is more likely to be attractive to your district?

[ ] full-model adoption

[ ] partial-model adoption

3. What additional information about EBCE would be helpful to your district in deciding whether or not to adopt/adapt EBCE? _____

_____

_____

_____

_____

Should your district have decided upon, or still be considering, adoption/adaptation, please complete items 4 through 7 on the following page.

4. When is the most plausible time for program start up?

[ ] Spring, 1976 [ ] Spring, 1977

[ ] Summer, 1976 [ ] other _____

[ ] Fall, 1976 _____

5. What is the likely size of the initial program enrollment?

[ ] 5-10 [ ] 21-40

[ ] 11-20 [ ] 41+

6. What are the grade level(s) planned? (Check all that apply)

[ ] 9 [ ] 11 [ ] other _____

[ ] 10 [ ] 12 _____

7. How would the program likely be located in your district?

[ ] in a facility separate from high school

[ ] as a "school within a school"

[ ] as a department/program of an existing school

[ ] other: describe _____

_____

_____

_____

8. What are your next steps in planning an EBCE adoption or adaptation?

_____

_____

_____

_____

9. Do you need assistance or information from:

[ ] your State Facilitator.

[ ] Far West Laboratory?

If so, what type of assistance would help you? _____

_____

_____

_____

_____

_____

Thank you for your help.

FAR WEST LABORATORY
FOR EDUCATIONAL RESEARCH AND DEVELOPMENT

EVALUATION OF FWL-EBCE FIELD SERVICES
Form 1: Conference Evaluation

NAME _____ DATE _____

1. Was the content of the conference what you expected from our previous communications? [ ] *Yes* [ ] *No*

   If no, how did it differ? _____

2. Did the conference fulfill your needs for information about FWL-EBCE?

   [ ] *Yes* [ ] *No*

   If not completely, on what topics do you need more information?

3. How would you judge the overall quality of the conference?

   Organization: [ ] *Excellent* [ ] *Adequate* [ ] *Poor*
   Presentation: [ ] *Excellent* [ ] *Adequate* [ ] *Poor*

4. Was the level of detail presented appropriate to your needs?

   [ ] *Yes* [ ] *No, insufficient detail about the program presented*
   [ ] *No, too much detail about the program presented*

5. What changes would you suggest we make in future conferences?

6. What do you intend to do with what you learned at the conference?

   [ ] *Serve as a resource to administrators outside my organization who are seeking information about EBCE*
   [ ] *Report on the program to colleagues in my organization*
   [ ] *Press for adoption/adaptation of FWL-EBCE by my organization*
   [ ] *Recommend FWL-EBCE not be adopted by my organization*
   [ ] *Other* _____

FLAGSTAFF REMEDIAL READING PROJECT

"WHAT NEXT?"

or

Where Do We Go From Here?

Check One

☐ "Thanks, but no thanks." I'm satisfied with our existing remedial reading program.

☐ "But what about . . .?" I need more information about _____

to make a decision.

☐ "The one thing we <u>really</u> need is. . . ." I would like to use <u>part</u> of the Flagstaff Remedial Reading Project in our program.
That part is _____

_____

☐ "Let's get moving " I'm ready to move into adoption of the Flagstaff Remedial Reading Project in my building.

☐ "You name it. . ." Other _____

_____

_____

_____

_____

_____

Name _____ Building _____

Position _____
(administrator, classroom teacher, reading teacher, aide, parent, etc.)

PREDICT I DISSEMINATION WORKSHOP

EVALUATION RATING SHEET

DATE _____ SITE _____

Facilitator _____ Nurse _____

Principal _____ Aide/Assoc. _____

Teacher _____ Other _____

Speech Pathologist _____

Please rate each activity using the following criteria:

1 = poor, 2 = fair, 3 = average, 4 = good, 5 = very good

Instructional Component

1. Information was presented in a clear concise manner. _____
2. Questions were answered promptly and accurately. _____
3. Materials were relevant. _____
4. Materials were explained clearly. _____
5. The presentation was worth my time. _____

Speech/Language Component

1. Information was presented in a clear concise manner. _____
2. Questions were answered promptly and accurately. _____
3. Materials were relevant. _____
4. Materials were explained clearly. _____
5. The presentation was worth my time. _____

Health Component

1. Information was presented in a clear concise manner. _____
2. Questions were answered promptly and accurately. _____
3. Materials were relevant. _____
4. Materials were explained clearly. _____
5. The presentation was worth my time. _____

Parent Involvement Component

1. Information was presented in a clear concise manner. _____
2. Questions were answered promptly and accurately. _____
3. Materials were relevant. _____
4. Materials were explained clearly. _____
5. The presentation was worth my time. _____

Evaluation Component

1. Information was presented in a clear concise manner. _____
2. Questions were answered promptly and accurately. _____
3. Materials were relevant. _____
4. Materials were explained clearly. _____
5. The presentation was worth my time. _____

I need to know more about _____

_____

_____

My advice to the PREDICT I dissemination staff is _____

_____

_____

TAKING STOCK

(not to be confused with cattle rustling)

If I were running this session...

ABOUT TODAY:

I LIKED...

and I...

A PROBLEM I HAD WHICH WAS SOLVED TODAY...

I DIDN'T LIKE...

FOR NEXT TIME:

From: Adult Teacher __ Vocational Teacher __
Elementary Teacher __ Secondary Teacher __
Tutor __ Aide __ Administrator __
Public __ Private __

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

I would like to know more about...

I WOULD COME TO FOLLOW-UP SESSION IF...

IN MY SCHOOL/DISTRICT THERE ARE
____ MORE TEACHERS,
ADMINISTRATORS, OR ____
WHO WOULD COME TO A SESSION
SIMILAR TO THIS ONE IF OFFERED.
• • • • • • AND ____
WHO WOULD COME TO A FOLLOW-UP TO
THIS SESSION.

EVALUATION

Conference or Workshop_____ Date_____

1. Which of the following describes your position:
___Classroom Teacher___Curr. Supervisor/Coordinator___Principal___Superintendent
___Other

2. Rate the overall usefulness of the conference:

Very Worthwhile				Useless
1	2	3	4	5

3. Rate the presentation techniques displayed during this workshop.

Highly Appropriate				Poorly Planned
1	2	3	4	5

4. Rate the Conference Pace:

	Too Fast		Just Right		Too Slow
1st half	1	2	3	4	5
2nd half	1	2	3	4	5

5. How would you have changed the emphasis to improve the conference?

	more	same	less
Discussion of techniques for achieving community support	1	2	3
Project Background and philosophy discussion	1	2	3
Reviewing and experiencing curricular materials & methods	1	2	3
Time devoted to discussion of participant concerns	1	2	3
Review of data on student results and test procedures	1	2	3
Other_____	1	2	3

6. Please check the three largest implementation problems for your districts use of this program.
___Staff acceptance of the concept
___Teacher training
___Time
___I disapprove of this material
___Administrative acceptance
___Community Acceptance

Other_____

_____

7. Did you expect information that you did not receive: ___Yes ___No

Comment:_____

8. Overall, what was the weakness of the conference:

Comment:_____

9. Overall, what was the strength of the conference:

Comment:_____

10. How do you feel your district will utilize the information?
___Implement parts of the program.
___Implement the total program.
___Still considering possible uses.
___Will never implement any of the program.
___It was a nice experience for those involved.
___Want additional training.

11. Other comments:_____

WINS - MATHEMATICS WORKSHOP

PROGRAM EVALUATION

DATE _____ LOCATION _____
(Day(s) Month Year) (City State)

Evaluator: ☐ Teacher - grade(s) _____ ☐ Administrator

☐ Curriculum Specialist ☐ Other _____

Please share your general impression of the program by marking the appropriate box:

	Administration	Materials	Organization	Instructors	Facility	Program
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

Please rate the program by checking the box next to the appropriate descriptive term:

Presentations were	☐ Objective	☐ Biased
Content was	☐ Important	☐ Unimport.
Materials were	☐ Useful	☐ Useless
Speakers were	☐ Skilled	☐ Unskilled
Concepts were	☐ New	☐ Old
Objectives were	☐ Clear	☐ Unclear

Please rate the program on the basis of other personal similar education experiences:

The program was:

☐ The best I've ever attended.

☐ One of the best I've ever attended.

☐ Average

☐ One of the poorest I've attended

☐ The worst I've ever attended.

PLEASE TURN TO THE OTHER SIDE

What was the most positive aspect of the program?

What was the most negative aspect of the program?

What would you do to strengthen future programs of this kind?

Please use the remaining space to make additional comments

Please complete the other side

Site Visit Evaluation

CONCEPTUALLY ORIENTED MATHEMATICS PROGRAM (COMP), D/D, Columbia, MO

Visitation Evaluation 5-20

Gives the information needed to find out who is being "missed" in dissemination, and to strengthen weaknesses.

CURRICULUM FOR MEETING MODERN PROBLEMS (THE NEW MODEL ME), D/D, Lakewood, OH

Site Visitation Evaluation 5-21

PARENT READINESS EDUCATION PROJECT (PREP), D/D, Detroit, MI

Visitor Reaction Record 5-23

This reaction-gathering sheet has been in use for three years.

SEAPORT: STUDENT EDUCATION ASSURING POSITIVE ORGANIZED READING TECHNIQUES, D/D, Newport, RI

Project Visit Sheet 5-24

The "Yes/No/Not Observed" checklist was chosen as the best and easiest format for collecting the necessary information here. Space for comment was provided as well, to allow for 1) handling any topics not covered, 2) expressing extreme reactions pro or con, and 3) raising questions for follow-up. "Outsiders" were asked to peruse this form to make sure it would not "insult the intelligence" of the person filling it out.

MISSOURI STATE FACILITATOR CENTER, SF, Columbia, MO

Visit Evaluation 5-26

This form, with revisions, has been in use for many years. After visiting the center, school administrators offer suggestions for improvements in both the presentation during the visit and the actual functioning of the center. The open-ended spaces encourage wide-ranging responses.

DATE_____

EVALUATION FORM
(Visitations)

1. Your official position

   a. Teacher_____

   b. Principal/Supervisor_____

2. Where did you learn of COMP? _____

3. Areas of observation

   Grade levels

   1-2_____

   3-4_____

   5-6_____

   7-8-9_____

4. Did you have an opportunity to discuss this program-

   with teachers_____yes _____no

   with principal/supervisor_____yes _____no

5. Were you able to observe

   the teacher(s) responsibilities _____yes _____no

   the principal/supervisor(s) responsibilities _____yes _____no

6. Was the COMP Program adequately explained to you during your visitation?

   _____yes

   _____no

7. Did you acquire an understanding of your role in implementing COMP in your particular school program?

   _____yes

   _____no

8. What was the highlight of this visitation? _____

9. How might the COMP office have made this visit a more meaningful experience?

THANK YOU

CURRICULUM FOR meeting modern problems

A DEVELOPER/DEMONSTRATOR PROJECT IN THE U.S.O.E. NATIONAL DIFFUSION NETWORK
THE LAKEWOOD BOARD OF EDUCATION 1470 WARREN ROAD LAKEWOOD, OHIO 44107
[216] 579-4267

ON-SITE VISITATION EVALUATION

PRESENT POSITION_____

DATE_____

Place the letter/s that best represents your position on the blank at the left of each item.

Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)

_____ 1. I understand the relationship between this project as a Developer/ Demonstrator and schools as Potential Adopters.

_____ 2. I understand the various ways in which THE NEW MODEL ME can be implemented in a school's course of studies.

_____ 3. I know the general services performed by this project's staff to aid schools in adopting the curriculum.

_____ 4. I learned the key factors of human behavior as expressed in the "behavior equation."

_____ 5. I learned the relationship between the behavior equation and the curriculum.

_____ 6. THE NEW MODEL ME is affective curriculum and its teachers need to be reasonably non-judgmental with students.

_____ 7. I understand that this curriculum is primarily cognitive with little emphasis placed on activities in the classroom.

_____ 8. The classroom visitation was <u>not</u> helpful in learning more about the curriculum.

_____ 9. Visitation activities were well planned and organized.

_____ 10. If I had it to do over, I would have chosen <u>not</u> to visit.

_____ 11. Visitation staff were helpful in arranging for my visit.

_____ 12. I am interested in learning more about this project.

_____ 13. I believe that THE NEW MODEL ME fits some of the needs of the school(s) I represent.

_____ 14. I would like my school(s) staff to participate in the project's workshops.

OVER

If you wish to respond in writing, please complete the following statements:

1. The most positive feature of the visitation experience was

2. The most negative feature of the visitation experience was

3. My advice to THE NEW MODEL ME project staff is

PARENT READINESS EDUCATION PROJECT
REDFORD UNION SCHOOL DISTRICT

VISITOR REACTION RECORD

NAME_____DATE_____

WHAT IS YOUR JOB TITLE?_____PHONE_____

ADDRESS_____CITY_____STATE_____ZIP_____

Where did you learn about this innovative project?_____

_____

What was your overall reaction?_____

_____

What parts of this program have the most appeal to you?_____

_____

_____

What techniques or information which you have seen and heard today will you be able to utilize?_____

_____

_____

Do you have any questions which were not answered by the PREP staff members?

No___Yes___If yes, please specify_____

_____

_____

Do you have any suggestions or comments which you would like to share with us?

_____

_____

_____

Is there any way the PREP staff could be of assistance to you?_____

_____

_____

_____

VRR75

PROJECT SEAPORT

PROJECT SEAPORT
MDM/PIP

PROJECT VISIT SHEET

	Yes	No	Not Observed
1. Does it appear that the project is working towards objectives that are compatible with your objectives?	—	—	—
2. Does the professional staff display an interest in and an enthusiasm for the project?	—	—	—
3. Does the project appear to be coordinated with the regular school program?	—	—	—
4. Do the professional personnel conducting the project appear to have an adequate understanding of Project Seaport, its purposes and goals?	—	—	—
5. Does the project appear to truly supplement the regular program?	—	—	—
6. Do the grouping, class size, and pupil/teacher ratio appear to correspond to the project application?	—	—	—
7. Do the grouping, class size, and pupil/teacher ratio appear to be appropriate for this project?	—	—	—
8. In general, is there evidence of good interaction between teacher and students?	—	—	—
9. Does this project appear to respond to the educational needs of the children being serviced?	—	—	—
10. Does the classroom scheduling of the project appear adequate? (i.e. It does not interfere with other important classes; it is at a time when students can conveniently attend; it is of appropriate duration, etc.)	—	—	—
11. Is this a project that you would want others from your district to visit?	—	—	—
12. Were the printed materials supplied to you sufficient to explain the program?	—	—	
13. Would you recommend adoption of Project Seaport by your district?	—	—	

A. If, yes, how soon do you plan to implement? _____

B. If, no, what do you find lacking? _____

14. What further materials would be helpful?

15. What questions do you have after visiting Project Seaport?

_____

_____

_____

16. Additional Comments: _____

_____

_____

_____

Signature of Visitor: _____

Title: _____

Address (Street & Number) _____

_____

School District _____

City, State, Zip _____

Telephone Number & Area Code _____

Date _____

EVALUATION OF THE MISSOURI FACILITATOR CENTER

1. Your position within the school district:

___ Administrator _____ Teacher _____ Other: Specify_____

	Yes	No
2. Was the explanation of the Center and its services clear to you?	___	___
3. Do you anticipate any changes being made in your district?	___	___

4. Who made you aware of the Missouri Facilitator Center?

_____ Superintendent _____ Principal ____ Teacher _____Other: Specify _____

5. Should the presentation made by the Facilitator staff member be changed in any way?

_____

_____

_____

_____

6. Do you have suggestions for improvement of the Center itself?

_____

_____

_____

7. Do you have suggestions for new services the Missouri Facilitator Center could provide for Missouri School Districts?

_____

_____

_____

8. Should the center, in your opinion, be continued?

_____

_____

_____

Training Workshop Evaluation

ACTIVE: ALL CHILDREN TOTALLY INVOLVED EXERCISING, D/D, Oakhurst, NJ

Training Evaluation 5-29

Effectively gets beneficial, constructive remarks back to D/D.

PROJECT ADVENTURE, D/D, Hamilton, MA

Evaluation -- Curriculum Development Workshops 5-30

Evaluation -- Physical Education Workshop. 5-33

These two evaluation forms provide complete feedback and take an appropriate amount of time to administer.

CONCEPTUALLY ORIENTED MATHEMATICS PROGRAM (COMP), D/D, Columbia, MO

Training Conference Evaluation 5-36

This is a new form for COMP. Initial reactions are that form could be shortened and that question three seems unclear.

CURRICULUM FOR MEETING MODERN PROBLEMS (THE NEW MODEL ME), D/D, Lakewood, OH

Workshop Evaluation 5-37

This form has been very effective. Results are immediately tallied and sent to State Facilitator. The open-ended questions have been useful in "letting us know where we're at."

DIAGNOSTIC PRESCRIPTIVE ARITHMETIC (DPA), D/D, Staten Island, NY

Workshop Evaluation 5-39

This form is used prior to follow-up after a few months of implementation, to acquire evaluations of the training workshop and to prepare for site visits.

POSITIVE ATTITUDE TOWARD LEARNING (PATL), D/D, Bethalto, IL

Training Evaluation 5-40

This form has proved effective in identifying weaknesses in the training program.

REMEDIATION FOR CHILDREN WITH LEARNING DEFICITS THROUGH PRECISION TEACHING: THE SACAJAWEA PLAN, D/D, Great Falls, MT

Training Workshop 5-41

People feel comfortable with the format of this subjective survey; it's quick and easy to handle.

Participant Reaction Form 5-43

Use of this form has been discontinued because of unfavorable reaction to it. Trainees found it too time-consuming, and disliked not being offered a chance to express personal opinion.

STAMM: SYSTEMATIC TEACHING AND MEASURING MATHEMATICS, D/D, Lakewood, CO

Training Evaluation 5-48

This form is included as the last page of the project's training guide. The signed follow-up portions can be detached, thereby allowing evaluation to be anonymous.

WYOMING INNOVATIVE NETWORK SCHOOLS-FACILITATORS, SF, Cheyenne, WY

Participation Evaluation of Inservice Program 5-49

This form has been redesigned to yield more input. The optional signature is an attractive element. (Most people filling out the form do opt to sign it.)

INSERVICE TEACHER TRAINING PROGRAM

ESEA, Title III
Project No.72-341

TRAINEE EVALUATION FORM

Training Site _____ Instructors _____

Date _____

Check One ☐ Motor Workshop ☐ Teacher Training Workshop ☐ Other _____ (Cite)

Directions: Please rate each phase of the training program on the basis of the rating scale on the bottom of the page.

	POINTS
A. TEACHING MODEL KIT	
1. Quality of the training manual(s).	_____
2. Quality and sufficiency of the resource materials.	_____
B. PRACTICUM EXPERIENCES	
3. Structure of the competency-based experiences.	_____
4. Sufficiency of the practicum experiences.	_____
5. Variety of handicapping conditions available.	_____
6. Quality and sufficiency of diagnostic experiences.	_____
7. Quality and sufficiency of the prescriptive/ evaluative experiences.	_____
C. INSTRUCTORS	
8. Clarity of the lectures.	_____
9. Quality of the competency demonstrations.	_____
10. Quality and sufficiency of trainee supervision, assistance, and guidance.	_____
TOTAL	_____

COMMENTS

Outstanding Program Features	Recommendations
1.	1.
2.	2.
3.	3.

RATING SCALE

2	4	6	8	10
Poor	Fair	Average	Good	Excellent

cc:

PROJECT ADVENTURE
Evaluation
Curriculum Development Workshops

1. Please rate the workshop overall in terms of its usefulness to you in developing adventure curriculum to use in your own school:

Not useful Somewhat Useful Useful Extremely Useful

---

2. Do you feel that the workshop provided you with enough background information and experience to explain this type of program to others at home?

Which ideas, readings or examples in particular would you use in developing a rationale for adventure? Please list.

3. Using a variety of approaches and activities, we have tried to develop an understanding of the key elements in this type of curriculum and to teach some of the skills needed for implementation.

a. Could you summarize for a group of untrained teachers the key elements in Adventure Curriculum?

b. List what you see as the main ingredients.

c. Realistically predict the chance that your curriculum has of actually being implemented next year.

_____ 0 - 30% chance of being implemented

_____ 30 - 60%

_____ 60 - 90%

_____ 90 - 99%

_____ 100%

d. What do you see as major obstacles to its implementation?

____ time	____ administration	____ other teachers
____ money	____ distance	____ lack of support
____ yourself	____ isolation	____ other (describe)

How do you plan to work around these obstacles?

4. Please comment on the following aspects of the workshop:

Adequacy of advance information

Pace of Course

Variety of content

Staff

Time allotted for writing and development

Quality of sharing with other participants

Improvements or recommendations for next session

5. Were there things that you wanted or expected from this workshop which we should consider including next workshop? Explain.

6. A colleague back home is thinking about coming to this same workshop next summer, but is not sure. He asks your advice. What would you tell him?

7. Please rate each of the activities using one of the following symbols:

K = Keep for sure
K? = Probably Keep
E? = Probably Eliminate
E = Definitely Eliminate

_____ Ropes Course - Initiative Problems

_____ Mount Monadnock Climb and Presentations

_____ Elements of Adventure Curriculum - Sheet and Discussion

_____ New England Character - Interviews and Presentation

_____ Building a Sargent Curriculum

_____ Implementing Sargent Curriculum - As Instructor or Participant

_____ Outward Bound movie

_____ Triton curriculum - The Marsh Hike - and Evaluation

_____ Guest Speakers

_____ Curriculum Development Time

_____ "The Eskimo: Fight for Life" Movie

_____ Reading Assignments

8. Use the back of this sheet for inkblots, doodles, poems, sermons, commentary or drawings which you feel are relevant.

NATIONAL DIFFUSION
Physical Education Workshop

EVALUATION

1. Please rate the workshop overall in terms of its usefulness to you in teaching a similar program.

not useful	somewhat useful	useful	extremely useful

2. Please rate this workshop in terms of its usefulness to you in planning to build a ropes course.

not useful	somewhat useful	useful	extremely useful

Explain:

3. What next steps do you anticipate taking back home as you develop an adventure program?

4. What kinds of assistance would be most useful to you in terms of on-going support?

5. What would you change (add or eliminate)about this workshop?

6. How have your ideas of the Project Adventure program changed during this workshop?

7. What advice would you give a person who is planning to come to this workshop?

8. What information could we provide you with so that you would have been better prepared for this program?

9. Did you find that doing initiatives first, and then teaching them to the group helped you to develop skills?

10. Do you feel ready to actually <u>do</u> the following:	Yes	Maybe	Probably Not	No
1. Lead students in the witches' broom	___	___	___	___
2. Teach basic knots	___	___	___	___
3. Rescue a girl whose hair is caught in a carabiner on a rappel	___	___	___	___
4. Direct the parachute sledding activity	___	___	___	___
5. Belay students	___	___	___	___
6. Lead the dog shake	___	___	___	___
7. Lead the electric fence	___	___	___	___
8. Lead climb a tree to set up a belay	___	___	___	___
9. Teach rappelling	___	___	___	___
10. Teach a nineweek course	___	___	___	___

NATIONAL DIFFUSION
Physical Education Workshop

EVALUATION

1. Please rate the workshop overall in terms of its usefulness to you in teaching a similar program.

not useful	somewhat useful	useful	extremely useful

2. Please rate this workshop in terms of its usefulness to you in planning to build a ropes course.

not useful	somewhat useful	useful	extremely useful

Explain:

3. What next steps do you anticipate taking back home as you develop an adventure program?

4. What kinds of assistance would be most useful to you in terms of on-going support?

5. What would you change (add or eliminate)about this workshop?

6. How have your ideas of the Project Adventure program changed during this workshop?

7. What advice would you give a person who is planning to come to this workshop?

8. What information could we provide you with so that you would have been better prepared for this program?

9. Did you find that doing initiatives first, and then teaching them to the group helped you to develop skills?

10. Do you feel ready to actually do the following:

	Yes	Maybe	Probably Not	No
1. Lead students in the witches' broom	___	___	___	___
2. Teach basic knots	___	___	___	___
3. Rescue a girl whose hair is caught in a carabiner on a rappel	___	___	___	___
4. Direct the parachute sledding activity	___	___	___	___
5. Belay students	___	___	___	___
6. Lead the dog shake	___	___	___	___
7. Lead the electric fence	___	___	___	___
8. Lead climb a tree to set up a belay	___	___	___	___
9. Teach rappelling	___	___	___	___
10. Teach a nineweek course	___	___	___	___

11. To help us put together other workshops of this kind, it would be useful to know what actions you had to take to get here. Could you please trace the steps in the process, giving approximate dates.

Step 1 - Heard about Project Adventure from _____
on _____.
(date)

Step 2 -

Step 3 -

Step 4 -

(etc)

12. Project Adventure and the State Facilitators shared responsibility for sending out information in advance of the workshop. Would you comment on the accuracy, timeliness and overall quality of the information you received, and make any suggestions for coordinating future workshops of this kind.

This space and the reverse side is for comments, doodles, poems or other reactions

DATE_____

PLACE_____

COMP TRAINING CONFERENCE

EVALUATION

_____Elementary

_____Jr. High/Middle School

_____High School

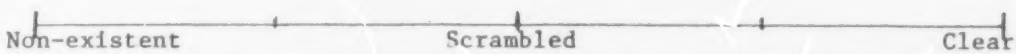
_____Teacher

_____Administrator

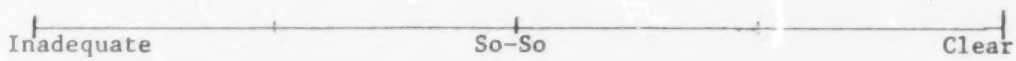
_____Consultant

Please place an X on the continuum at the point most nearly signifying your point of view in regard to this conference.

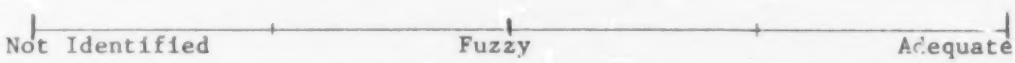
1. Goals



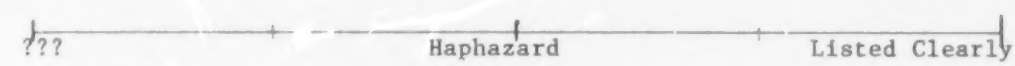
2. Information about the COMP Program



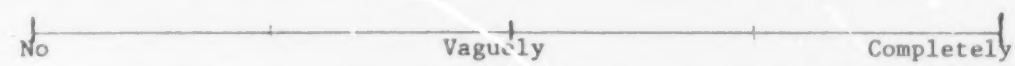
3. Skills I will need for my role



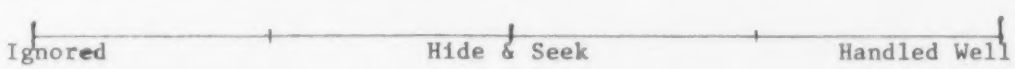
4. Steps to implement COMP



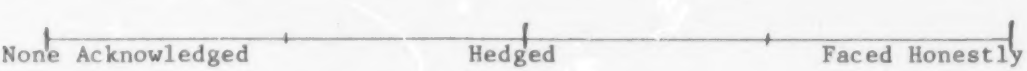
5. My questions answered



6. Practical aspects of implementing the program



7. Potential problems for adopters



8. Comments--either unanswered questions or suggestions for improving our performance:

(Use back of sheet for response, if necessary)

WORKSHOP EVALUATION

Present Position_____

Date_____

Place the letter/s that best represents your position on the blank at the left of each item.

Strongly Agree (SA)	Agree (A)	Disagree (D)	Strongly Disagree (SD)

_____ 1. The distinction between constructive and non-constructive aggressive behavior was made clear to me.

_____ 2. I learned the key factors of human behavior as expressed in a "behavior equation."

_____ 3. I learned the relationship between the behavior equation and the curriculum.

_____ 4. I understand that this curriculum is primarily cognitive and places little emphasis on classroom activities.

_____ 5. THE NEW MODEL ME is affective curriculum and its teachers need to be reasonably non-judgmental with students.

_____ 6. I understand the relationship between this project as a Developer/ Demonstrator and schools as Potential Adopters.

_____ 7. The primary purpose of this curriculum is to control the aggressive children who are behavior problems.

_____ 8. I understand the various ways in which THE NEW MODEL ME can be implemented in a school's course of studies.

_____ 9. I know the general services performed by this project's staff to aid schools in adopting the curriculum.

_____10. The pace of the workshop was good, neither too slow nor too rapid.

_____11. This workshop showed evidence of good organization and planning.

_____12. I found the activities in this workshop interesting.

(OVER)

_____ 13. The workshop staff demonstrated acceptance of the participants' comments.

_____ 14. The A-V materials were effective tools in presenting workshop ideas.

_____ 15. The workshop staff demonstrated expertise, clarity, and candor in answering questions.

_____ 16. The overview of the curriculum gave me a good understanding of the kinds of materials presented in it.

_____ 17. I believe that worthwhile ideas were shared during this workshop.

_____ 18. I am interested in learning more about this project.

_____ 19. I believe that THE NEW MODEL ME fits some of the needs of the school(s) I represent.

_____ 20. I would like my school(s) staff to participate in the project's workshops.

If you wish to respond in writing, please complete the following statements:

1. The most positive feature of this workshop was.....

2. The most negative feature of this workshop was.....

3. My advice to the workshop leader is.....

DIAGNOSTIC PRESCRIPTIVE ARITHMETIC
WORKSHOP EVALUATION

How do you think the following people will react to the implementation of D.P.A.?

Parents_____

_____

_____

Other teachers in your school_____

_____

_____

School supervisors_____

_____

_____

Would you change anything about the workshop? Please specify.

_____

_____

_____

_____

_____

Additional comments_____

_____

_____

_____

_____

Thank you for cooperating in this survey!

PATL TRAINING EVALUATION

Location_____ Dates_____

1. Which of the following describes your position:
___Classroom Teacher___Supervisor/Coordinator___Principal___Superintendent
___Counselor___Special Education___Other_____

2. Rate the overall usefulness of this training workshop.

Very Worthwhile		Average		Useless
1	2	3	4	5

3. Rate the training techniques and activities displayed during this workshop.

Highly Appropriate				Poorly Planned
1	2	3	4	5

4. Rate the interaction and leadership skills of the presenter(s).

Highly Skilled				Unskilled
1	2	3	4	5

5. Rate the overall Conference Pace:

Too Fast		Just Right		Too Slow
1	2	3	4	5

6. How would you have changed the emphasis to improve the conference?

	more	same	less
Implementation strategies and techniques.	1	2	3
Project background and philosophy discussion.	1	2	3
Reviewing and experiencing Learning Experiences materials & methods	1	2	3
Time devoted to discussion of participant concerns	1	2	3
Review of accountability on student test procedures	1	2	3
Self Concept Kit	1	2	3
Processes of Learning Kit	1	2	3
Active Involvement Kit	1	2	3
Individualized Instruction Kit	1	2	3

7. Check largest implementation problems for your district's use of this program.
___Staff acceptance of program ___Administrative acceptance
___My Willingness ___Community acceptance
___Time ___My skills
___I disapprove of this material
Other_____
_____

8. Did you expect information that you did not receive____yes ___no

Comment:_____

9. Overall, what was the weakness of the conference:

Comment:_____

10. Overall, what was the strength of the conference:
Comment:_____

11. How do you feel your district will utilize the information?
___Implement parts of the program. ___Will never implement any of the program
___Implement the total program. ___Want additional training.
___Still considering possible uses.

12. Other comments_____

EDUCATIONAL REMEDIATION FOR CHILDREN
WITH LEARNING DEFICITS
THROUGH PRECISION TEACHING:
THE SACAJAWEA PLAN

Training Evaluation

I. ORIENTATION TO SACAJAWEA PLAN AND PRECISION TEACHING

II. SCREENING PROCEDURES

III. RESOURCE ROOM VISIT(S)

IV. REMEDIATION PROCEDURES
Pinpointing and One Minute Practices.

Training Evaluation

V. CHARTING PROCEDURES

VI. DATA-BASED DECISIONS

VII. CLASSROOM VISITATIONS, MANAGEMENT TACTICS, MATERIALS BANK

VII. OTHER

EDUCATIONAL REMEDIATION FOR CHILDREN
WITH LEARNING DEFICITS
THROUGH PRECISION TEACHING:
THE SACAJAWEA PLAN

Participant Reaction Form

Check one:

No. of years of teaching/administrative experience:

_____ less than five years
_____ between five and ten years
_____ more than ten years

Grade level:

_____ elementary (K-6)
_____ secondary (7-12)
_____ Special Education
_____ Regular Education

I. Please check only those statements below that accurately describe how you felt about this training experience. Read all statements before you begin.

____ A. It was one of the most rewarding experiences I ever had
____ B. Exactly what I wanted
____ C. It provided the kind of experience that I can apply to my own situation
____ D. It helped me personally
____ E. It solved some problems for me
____ F. I think it served its purpose
____ G. It had some merits
____ H. It was fair
____ I. It was neither very good nor very poor
____ J. I was mildly disappointed
____ K. It was not exactly what I needed
____ L. It was too general
____ M. I am not taking any new ideas away
____ N. It didn't hold my interest
____ O. It was much too superficial
____ P. I leave dissatisfied
____ Q. It was very poorly planned
____ R. I didn't learn a thing
____ S. It was a complete waste of time

II. If you checked any items between J and S in section I, please elaborate on your negative response below:

III. Please rate this training component by circling ONE number from 1 to 5 for each of the following categories:

A. PURPOSE: Was the purpose of the training made clear to you?

5 4 3 2 1
very clear unclear

COMMENT:

B. CONTENT: Was the content or substance of training appropriate to you?

5 4 3 2 1
appropriate inappropriate

COMMENT:

C. COVERAGE: Did the training cover everything you felt should be covered?

5 4 3 2 1
comprehensive superficial

COMMENT:

D. INSTRUCTIONS: Were the instructions given, easily understood?

5 4 3 2 1
easily understood ambiguous

COMMENT:

E. ORGANIZATION: How well was the training organized?

5 4 3 2 1
very well not well at all

COMMENT:

F. ACCOMPLISHMENTS: Do you feel the training accomplished what it set out to do?

5 — 4 — 3 — 2 — 1

met its objectives — did not meet objectives

COMMENT:

G. PRACTICALITY: Were the practical applications of the process evident?

5 — 4 — 3 — 2 — 1

quite evident — not evident

COMMENT:

H. HAND-OUTS: Were the hand-outs sufficiently helpful?

5 — 4 — 3 — 2 — 1

quite helpful — not at all helpful

COMMENT:

IV. Please rate this training component by circling ONE number from 1 to 5 for each of the following categories:

A. PACE: How was the pace at which the materials was presented?

5 — 4 — 3 — 2 — 1

very slow — just right — too fast

COMMENT:

B. LEVEL OF DIFFICULTY: How would you rate the training?

5 — 4 — 3 — 2 — 1

too elementary — just right — too difficult

COMMENT:

C. SIZE: Was the number of trainees participating satisfactory?

5	4	3	2	1
too small		just right		too large

COMMENT:

D. ACTIVITIES: Were there enough hands-on activities?

5	4	3	2	1
not enough		just right		too much

COMMENT:

E. INTERACTION: Was there adequate time for sharing of ideas or group interaction?

5	4	3	2	1
not enough interaction		just right		too much interaction

COMMENT:

V. Please rate the following portions of the training component:

	Excellent				Poor
1. Orientation ----------	5	4	3	2	1
Comment:					
2. Classroom Visits ----------	5	4	3	2	1
Comment:					
3. Data Share ----------	5	4	3	2	1
Comment:					
4. Basic Tool Skill Screening and Identification of Tool Skill Deficits----------	5	4	3	2	1
Comment:					
5. Resource Room Visit ----------	5	4	3	2	1
Comment:					
6. Direct & Daily Measurement------	5	4	3	2	1
Comment:					
7. Standard Behavior Chart --------	5	4	3	2	1
Comment:					
8. What Do the Kids Say? ----------	5	4	3	2	1
Comment:					
9. Remediation and Tool Skill Building----------	5	4	3	2	1
Comment:					
10. Chart Based Decisions ----------	5	4	3	2	1
Comment:					
11. Classroom Visits ----------	5	4	3	2	1
Comment:					
12. Management Tactics ----------	5	4	3	2	1
Comment:					

Use this form to request additional information and/or materials:

Name _____ School _____

Mailing Address

_____

_____

_____

Phone ( ) _____

Materials needed: _____

_____

_____

Evaluation

Date and Location of Training: _____

Do you feel comfortable and familiar with the STAMM products? _____

_____

Do you know the steps you need to take to continue the implementation of STAMM? _____

_____

Are there any aspects of STAMM which are still confusing to you? _____

_____

What changes would you suggest on length of time, structure of workshop, activities used, etc...? _____

_____

_____

Comments: _____

_____

_____

_____

_____

PARTICIPANT EVALUATION OF INSERVICE PROGRAM

WINS PROJECT

You are invited to evaluate this inservice program. Your response will help in planning similar programs in the future.

PROGRAM TITLE:_____ LOCATION:_____ DATE:_____

1. What is your role in education (i.e., first grade teacher, secondary science, school board member, elementary principal, parent)? _____

2. Why did you attend this program? Please check as many of the items below as apply.

_____Personal growth
_____Recertification credit
_____Required to attend
_____Acquire or improve teaching skills
_____Maintain skills in current assignment
_____Other (Please Specify)_____
_____

3. Please place a check mark in spaces which reflect your feeling about this inservice program.

	Poor	Fair	Good	Very Good	Excellent	COMMENTS
Total Program						
Presentations						
Practicality						
Your Involvement						

4. Please react to the following statements about this inservice program and its staff by placing a 1, 2, 3, 4, or 5 in the blank spaces opposite each question.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

The program created enthusiasm and interest. _____
The program content was worthwhile to me. _____
Motivation was provided for further exploration of program topics. _____
The objectives were clearly stated at the start of the program. _____
The program was designed to assist in implementing identified needs and/or educational goal(s) of a school district. _____
The objectives of this program met a priority need _____
The program sessions were well planned and executed. _____
The staff was adequately knowledgeable in the subject area(s) of the program. _____
The staff was sensitive to individual needs and differences. _____
The ideas of participants were solicited and respected. _____
The staff effectively facilitated discussion and interest. _____
The staff was available and approachable. _____
There was adequate time allotted for coverage of the concepts presented in the program. _____
Other:_____ _____

Comments: (Item #4)

5. How do you intend to implement the concepts and skills included in this program?

6. What follow-up, if any, do you feel is needed for your implementation or effective use of concepts and/or skills presented in this program?

7. Please describe the part(s) or phases(s) of this program which you consider most useful.

8. Please describe the part(s) or phase(s) of this program which you consider least helpful.

9. Please suggest topics for future inservice programs.

Thank you for taking the time to respond to this instrument.

Optional unless otherwise instructed

Name_____ School_____

Mailing address_____ Phone_____

Pupil and Teacher Outcome Evaluation

POSITIVE ATTITUDE TOWARD LEARNING (PATL), D/D, Bethalto, IL

Evaluation of PATL; Self-Concept 5-52

Section III of this form is very precise, and has been useful in pinpointing those elements that need change.

REGION II, EDUCATION SERVICE CENTER, SF, Corpus Christi, TX

Impact Statement 5-54

Because a lot of turn-key training takes place within a school district, the number of teachers trained initially by D/Ds does not accurately reflect the number of teachers participating in the program. This brief form documents this data.

EVALUATION OF PATL; SELF-CONCEPT
Teacher Inservice, 1976-1977

INSTRUCTIONS:

Please take this questionnaire after finishing the program or on the last day of school. Then place in my box. You do not have to sign your name; however, please check the following:

A. _____Teacher

_____social studies	_____reading	_____P. E.
_____English	_____math	_____CVAE
_____shop	_____art	_____music
_____speech	_____science	

B. _____Principal
_____vice-principal

C. _____Secondary Coordinator

D. _____Support Staff

_____nurse	_____counsellor
_____secretary	_____aide
_____library staff	

I. On the following scale, would you please indicate the degree of impact on you as a teacher, that can be contributed to the P.A.T.L. experience.

High Positive impact — No influence or detrimental impact

1 2 3 4 5

Specific Comments:

II. Please indicate the degree of impact of your P.A.T.L. experience on your students.

High Positive Impact — No influence or detrimental impact

1 2 3 4 5

Specific behavior noted:

III. Please rate on the following scale the degree of impact of the following learning experiences:

	High Impact			No influence detrimental impact		Did not choose this alternative	Not completed this learning experience
1. Filmstrip "Holly"	1	2	3	4	5		
2. "Johnny Lingo"	1	2	3	4	5		
3. Self-concept data	1	2	3	4	5		
4. "Who Did What to Whom"	1	2	3	4	5		
5. Cassette #101	1	2	3	4	5		
6. Reinforcement data	1	2	3	4	5		
7. Observation/taping of positive reinforcement	1	2	3	4	5		
8. Drekiers' model of logical consequences	1	2	3	4	5		
9. Any small group discussion.	1	2	3	4	5		
10. Book "Modifying classroom behavior"	1	2	3	4	5		
11. Modifying behavior of a student in choice 3b	1	2	3	4	5		
12. Book "Parent & Teenager"	1	2	3	4	5		
13. Book "Teacher & Child"	1	2	3	4	5		
14. PATL Communication Model slides/tape	1	2	3	4	5		
15. Observations of PATL model by Kit Advisor	1	2	3	4	5		

IV. Please write any changes you would make in the PATL, Self-Concept experience.

V. Please indicate if you would or would not like to continue the PATL program by answering the following:

_____I would like to continue in one of the other two kits. (If yes, check one)

_____ Active Involvement (of students in instruction) _____ Process of Learning (How Learning Takes Place)

_____I would like to complete the PATL, Self-Concept next school year.

_____I would not like to continue further in PATL.

SPECIFIC COMMENTS:

IMPACT STATEMENT

Name of District: _____

Name of Program: _____

Name of Campuses Impacted: _____

_____

(use additional space if necessary) _____

_____

_____

_____

_____

Number of Teachers Impacted: _____

Number of Students Impacted: _____

Implementation Evaluation

FAST: FUNCTIONAL ANALYSIS SYSTEMS TRAINING, D/D, Essexville, MI

Classroom Implementation Checklist 5-57

Besides overall adoption evaluation, this form is used as: a pretraining material to aid in choice of training and clarify expectations; a self-evaluation instrument for adopting teachers; and a device for keeping a project adoption moving. Note the "point system," whereby each objective is weighted in terms of importance.

INDIVIDUALIZED LANGUAGE ARTS: DIAGNOSIS, PRESCRIPTION, AND EVALUATION, D/D, Weehawken, NJ

Implementation Survey for Consumer School Districts. 5-68

Form is effective in keeping tabs on adopting district. Provides space necessary for personal response.

PARENT-CHILD EARLY EDUCATION PROGRAM (Saturday School), D/D, Ferguson, MO

Evaluation Form 5-70

An evaluation instrument that has proved effective. Item #3 (according to project spokesperson) is a weakpoint: no space provision has been made for inclusion of requested information.

PERCEPTION+, D/D, Union, NJ

What have you seen?. 5-71

Perception+ has found this form to be of great value in gathering data. The "Observations" section (page 2) has been revised; the number of choices has been cut from five to three because it was felt that the respondent was being asked to draw too fine a line. (Note oversight: space for school name and address was inadvertently omitted.)

POLLUTION CONTROL EDUCATION CENTER -- PRIORITY ONE: ENVIRONMENT, D/D, Union, NJ

Questionnaire for Adopting Districts 5-74

Here are some notes about specific items on this questionnaire:

#1. This question is intended to help pinpoint the best modes of dissemination.

#9. It is useful to make a point of asking for negative feedback.

#15. If they are old enough, students' reactions can be very informative.

Teacher_____ Grade_____ School_____ District_____

Number of Students_____ Number of Aides_____ Observer_____

Date_____

CLASSROOM IMPLEMENTATION

CHECKLIST

I CLASSROOM ORGANIZATION

LEARNING CENTERS

Objective	Rule	Indicator	Comments
1. ___ Learning centers are used in classroom.	(Check objective if any indicators are checked unless otherwise indicated) . Check when 3-5 or more	Number in operation: ___ 0 ___ 1 - 2 ___ 3 - 5 ___ 6 +	List Centers: _____ _____ _____ _____ _____ Points 1
2. ___ Different subject areas at each center.		Example: (multiple, i.e.) math center, reading center, art center, other	2
3. ___ Centers are identified.		___ Color-coded ___ Numbered ___ Alphabetized ___ Signs with category ___ Other _____	1
4. ___ Centers contain materials appealing to visual, auditory, tactile and movement modes.	Check if all 4 are apparent	___ Visual: Overhead Projector, Filmstrips, Maps, Books, Pictures ___ Auditory - Listening Activities: Record Player, Earphones, Radio, Cassettes ___ Tactile - Small Motor Skills: Games, Activities using hands, Picking up things, Placing things, Clay work, Painting ___ Movement - Gross Motor Skills - Using Large Part of Body: Skipping, Bowling, Jumping, Throwing Bean Bag	

5-57

FLST

Objective	Rule	Indicator	Comments
5. ___ Small group, large group and individual used for teaching.	(Check objective if any indicators are checked unless otherwise stated) Check if 2 are apparent	___ Small Group Tasks Games Tutoring Working with Peers ___ Individual Tasks Problem Solving Dittos ___ Large Group Films Discussions Lectures Performances	3
6. ___ There is teacher classroom schedule.		___ Board with Student Schedules Posted ___ Chart on teachers desk or in plan book	Describe syste... 1.5
7. ___ There is a passport system for students.		___ Each student has own schedule of movement between centers. Examples: ___ Colored slips for centers on a ring ___ Schedule listed on a sheet of paper	1
8. ___ Students move out of groups into different groups with center change.		___ At least one student in a group moves to another group	1
CENTER ORGANIZATION 9. ___ Centers are self-explanatory		___ Directions posted at center ___ Tests are self-correcting ___ Students do not have to question teacher in order to understand task	1
10. ___ Tasks at centers are personalized (individualized)		___ Materials are at different instructional levels ___ Programmed materials - Game Activities	1.5
11. ___ Centers encourage peer interaction		___ There is sharing of materials ___ Students explain tasks to each other ___ Students assist each other with tasks	2
12. ___ Centers include a variety of activities.	Must have 3 to check	___ Games ___ Activities ___ Dittos ___ Reading Materials ___ Puzzles	1.5
13. ___ Tasks in centers attract students' attention and interest.	Must have 2 to check	___ Colorful and appealing materials ___ Have visual clarity ___ (If tape or recording) Have audio clarity ___ Have materials on different levels (heterogeneous) ___ Students actually involved in using materials	1 FAST

Objective	Rule (Check objective if any indicators are checked unless otherwise stated)	Indicator	Comments
14. ___ Centers are programmed so that students have enough work and alternatives when task is finished.		___ Number of tasks enough for center ___ Students have number of alternatives when finished with work ___ Alternatives relate to centers or another center-no relation ___ There is organized procedure when task is finished ___ Student gets unfinished work to finish	
15. ___ There is a set of procedures for center use.		___ When changing activities, students clean up the materials they have been using and organize the center for the next group ___ Students return center to the condition they found it ___ All students help to clean up ___ Materials are put in a set place	2
SIGNALING SYSTEM and RULES OF ROOMS			1
16. ___ An accepted maneuver is used to stop or encourage certain types of behavior.		___ Lights on and off ___ Clapping hands	
17. ___ Signaling system is shared system...	Check only if "b"	___ a. Teacher only controls signal ___ b. Teacher and students control signaling system	1
18. ___ Signaling system is used appropriately	DO NOT CHECK IF:	___ Signal is accompanied by loud verbalization, i.e., screaming, shouting ___ Signal is accompanied by physical coercion (pushing, shoving, etc.)	1.5
19. ___ Signaling system is used appropriately for behavior management. (When students create disturbance.)	Check if no more than Lower: K-3 (3-5) Upper: 4-8 (1-2)	Indicators of overuse: Signal used/not for center use Reason for use 0 - 2 ___ _____ 3 - 5 ___ _____ 6 + ___ _____ Indicator for underuse: ___ Student disruptive - teacher does not deal with behavior or use signal to stop behavior	1.5
20. ___ There are rules for the room.		___ Rules are posted	1.5
21. ___ Rules are an integral part of classroom operation.		___ Rules are in view of all students ___ Teacher or students refer to rules (Then assume rules are internalized)	1
22. ___ There is rule reinforcement.		___ Broken rules carry consequences ___ Followed rules are rewarded (Schedule of rewards vary) Information about Rules ___ # Rules of the room ___ # Infractions observed in 1 hour	Tally of infractions 1

Objective	Rule (Check objective if any indicators are checked unless otherwise stated)	Indicator	Comments
PHYSICAL ENVIRONMENT - LIGHTING, HEATING, FURNITURE			
23. ___ Furniture (partitions, dividers, tables) is arranged to accomodate center usage.		___ Dividers or partitions are present to visually separate centers ___ Dividers, partitions, rugs, centers furniture are placed to eliminate acoustical problems - i.e., - noisy centers are not placed by quiet centers - dividers placed between noisy and quiet centers	1
24. ___ Furniture - appropriate size.		___ Desks are sized for students ___ Teacher adjusts desk to students size ___ Teacher compensates for inappropriate size furniture by: ___ Using title boards ___ Have large chairs for students to read in ___ Activities that do not use furniture ___ Variety of sized furniture in room so student can sit in seats that are their size	1.5
25. ___ Centers are planned so there is appropriate lighting for the activities.		___ Areas requiring good visual skills are well lighted i.e., reading center well lighted Listening centers may not be well lighted ___ Work areas are well lighted ___ Students can see chalkboard and read materials ___ Teacher compensates by moving students out of poorly lighted areas	2
26. ___ Physical setting of centers indicate teacher understanding of external environmental factors.	Must check the following 2 areas	___ Lighting ___ Heating ___ Too Cold ___ Too Warm	1
27. ___ Color is used appropriately.		___ Relaxing tones in areas requiring concentration ___ Stimulating colors to attract the eye when desired ___ Each area of room has a color focal point	1.5
28. ___ There is no chalkboard glare or if so, the teacher compensates.		___ Teacher can compensate by: ___ Drawing blinds ___ Acknowledging facts and work with students by not always using chalkboard ___ Limiting chalkboard usage if glare can not be controlled	1.5
GENERAL ATMOSPHERE OF ROOM			
29. ___ Noise level in rooms is conducive to learning.		___ Noise is productive interaction (students are talking about work) ___ Students are not distracted by noise (physical evidence of distraction, i.e., looking away) ___ Teacher is not distracted by noise	1

III PRESCRIPTIONS - TEACHER OBSERVATION SKILLS

Objective	Rule	Indicator	Comment
30. ___ There is a variety of materials in the room.	(Check objective if any indicators are checked unless otherwise stated) 6 indicators must be checked including 1 vital	VITAL ___ Overhead Projector ___ Listening Centers OPTIONAL ___ Area Rug ___ Mobiles ___ Cushions ___ Animal Life ___ Record Player ___ Art Materials ___ Comfortable Chair ___ Posters OPTIONAL ___ Sewing Materials ___ Woodworking Materials ___ Magazines ___ Newspapers ___ Tape Recorder ___ Camera ___ T.V. ___ Paints ___ Typewriter ___ Other ___ _____ ___ _____	1
31. ___ Classroom learning materials accessible for student usage.		___ Materials not locked away in closet ___ Student texts are in library area ___ Student does not have to go to the teacher for all supplies	1
32. ___ Storage areas for individual student materials are present.		___ Cubby Holes ___ Files with names on ___ Lockers ___ Large Envelopes ___ Desk Space	.5
33. ___ Chalkboard or wall space is not cluttered with colors or distractions. (when there is significant usage.)	Do not check if "b" is evident	___ a. Significant Usage: When chalkboard or wall are used for: Directions Answers Explanations Problems are written on space ___ b. Cluttered Space: When there are: Bright Colors, i.e., reds, chartreuse yellows Bright Art Work Large amounts of materials posted	1
34. ___ Teacher provides opportunity, setting and materials for students to exhibit desirable behavior	32 - 35 must be checked in order to check	___ If students are to have a quiet time after an activity, does teacher assist in creating a quiet atmosphere? ___ If students are to get coats then go stand in line, does teacher facilitate them by room arrangement or illustrating how it should be done?	Other example:_____ 1

Objective	Rule (Check objective if any indicators are checked unless otherwise stated)	Indicator	Comments
35. ___ A procedure is established for students to gain assistance when needed without interrupting the teacher.		___ Student assistants and teacher aides are available to students when they raise hands, stand up or take a marker ___ Rules state a procedure for gaining assistance ___ There is a reference book or manual for students to use when they encounter a problem	4
36. ___ Problem solving is a shared process.	DO NOT CHECK IF: ___ Teacher solves problems; student goes to teacher each time they have a problem	___ Student attempts a solution before turning to teacher ___ Students seek help from peers ___ Student and teacher assist in problem solving	4
38. ___ Students demonstrate through actions, respect for one another.	DO NOT CHECK IF 10% of class is: ___ Fighting ___ Pushing ___ Name Calling	___ Students are: ___ Helping ___ Sharing ___ Cooperating with each other	4
39. ___ Student behavior is self-directed.	Check if 85% exhibits the following behaviors DO NOT CHECK IF: Student behavior is peer directed ___ Pupil must always ask assistance from another pupil in order to get on task	___ The student is independently checking his own work ___ Students are working independently of teacher, not raising hands constantly for teacher direction ___ Student behavior is not constantly teacher directed (directions may be received from written materials, other students) ___ Students relying on other students for information when they do not have it ___ Students seeking answers from books and materials ___ Seeking answers by self	0 - 25% ___ 26 - 50% ___ 51 - 75% ___ 76 -100% ___ 6
BEHAVIOR BREAKDOWN 40. ___ No behavior breakdown.			

Objective	Rule	Indicator	Comments
41. ___ Behavior problems are worked within an open and non-threatening way	(Check objective if any indicators are checked unless otherwise stated) If isolation is used as a management method it is used only in extreme cases and after other management have been tried.	___ Teacher moves student only when extremely disruptive (class can not operate with this student present) ___ Teacher tries moderation methods to control situation before sending child from the room ___ Student will not respond to moderation methods and disruption only increases, teacher isolates student ___ Teacher discusses with students areas where behavior could be improved and methods for doing so ___ The discussion occurs the same day ___ In the discussion the teacher points out what specific actions are unacceptable and why ___ Student is given an opportunity to present the situation as he sees it ___ Student contributes in suggestions on how to avoid the problem next time ___ Consequences are agreed upon if there is reoccurance	
REINFORCEMENT 43. ___ Teacher reinforces good behavior in students		___ Teacher draws attention to good overall behavior and suggests a reward ___ Students have input into reward suggestion	4
44. ___ Teacher encourages student independence and curiosity.		___ Teacher does not check everything the student does ___ Students are allowed to work on a task in a manner the student feels best ___ Teacher is not the only person that has ideas about how to do things ___ Teacher doesn't have to watch everyone in the class at their work ___ Partitions may keep students from view of teacher	8
TEACHER-STUDENT INTERACTION 45. ___ A variety of teacher-student interaction is evident.	Check only if at least 2 are evident	___ Students interaction with other same age students (peer tutoring - students learn from each other) ___ Students interaction with older students ___ Teacher varies interaction modes in classroom student/student - student/teacher DO NOT CHECK if any of the following are the only mode of operation ___ Teacher presents ideas verbally while students are expected to be silent ___ Teacher lectures to students, giving facts and figures (while students listen) ___ Teacher expects students to work silently in workbook-like activities ___ Students are passively inattentive to teacher (daydreaming) ___ Most students seem to be involved in their work ___ Daydreaming is prolonged when it occurs Con't	12

5-63
FAST

Objective	Rule (Check objective if any indicators are checked unless otherwise stated)	Indicator	Comments
45. ___ Continued		___ Students are actively inattentive to teacher ___ Students are disruptive ___ Most students are able to work without disruption ___ Most students are participating in the disruption ___ The disruption is severe ___ Teacher modifies situation to eliminate disruption ___ Teacher is fearful of behavior ___ Teacher frequently talks of consequences of behavior ___ Teacher gets unduly upset when undesirable behavior occurs ___ No student conversation ___ Students can not stand or sit when they want ___ Students can not move about the room to sharpen pencils or go to the bathroom when they want	12
TEACHER OPENNESS 47. ___ Teacher provides a positive classroom atmosphere.	DO NOT CHECK IF: ___ Classroom atmosphere is tense ___ Students are ignored ___ Teacher is overtly rejecting (berating, hostile) ___ Teacher is covertly rejecting (vengeful, impersonal, ignoring)	___ Questions are answered promptly (verbalization) ___ Praises students ___ Helps students direct own behavior and movement ___ All student inquiries are acknowledged	4
48. ___ Teachers attitude toward all students within the classroom is positive.		___ a. Teacher addresses all students positively (pleasantly.) ___ b. Students receive equal treatment ___ c. Teacher does not embarrass students or single-out students as an example to the class ___ d. Teacher does not criticize student personally ___ e. Corrections are stated objectively and positively ___ f. Teacher speaks about "wrongness" of problem or behavior not the worth of the student (i.e., Johnny you're a bad boy, vs. Johnny that is not the way one works on math problems) ___ g. Teacher does not help individual child with individual problem by talking to the whole class	4
49. ___ Teacher is in control of temperament.	DO NOT CHECK IF TEACHER: ___ Shouts ___ hits ___ physically abuses students		4

Objective	Rule (Check objective if any indicators are checked unless otherwise stated)	Indicator	Comments
TASK ANALYSIS			
50. ___ There is evidence that students in the classroom have educational programs with written prescriptions.	Check if a and b are checked	___ Observable in action or present at teacher's desk Percent of class that are on prescriptions a. ___ 10% b. ___ 20 - 30% c. ___ 50% d. ___ 51% +	9
51. ___ Students with problems have prescriptions.	If you see any phenomena the teacher should have a prescription on the student	___ There is no observable student stress in tasks ___ No postoral warps ___ No student is writing with head on arm ___ No excessive pencil sharpening ___ No excessive inter-center movement ___ No excessive trips to bathroom	Ask teacher if any children are on prescription or have problems. Then see if this question is complete. This may or may not account for the observation.
52. ___ There are complete prescriptive workups for each student with a learning or behavioral breakdown.	Must have a and b	a. ___ Strengths/weaknesses profile on prescriptions b. ___ Observational checklists c. ___ Statement of objectives stated on a prescription d. ___ Methods of implementation stated on a prescription e. ___ Target date for review of objective stated f. ___ Outcomes related to progress stated	9
53. ___ Prescriptions are written to meet many needs of the student.		___ Prescriptions include behavior breakdowns ___ Prescriptions include physical needs ___ Progress reports are current and frequently updated	18
54. ___ Prescriptions have program for eliminating diagnosed problem or need.			9
55. ___ In prescriptions, teachers give students short simple tasks.			9
56. ___ Proper use of task analysis.	Should have 3 of 4	___ Tasks provide students opportunities for successful learning experience ___ Tasks' directions are clearly stated and understood ___ Students cannot misinterpret task directions ___ Students move productively about the room	9
57. ___ Teacher modifies plans to meet students needs.		___ Teacher simplifies tasks that students are unable to accomplish ___ Teacher increases challenge of work that is too easy for student	3 1-5

Objective	Rule (Check objective if any indicators are checked unless otherwise stated)	Indicator	Comments
58. ___ Teacher programs materials to meet student needs.		___ Students seem able to complete assigned tasks ___ All Groups ___ NO. _____ of groups DO NOT CHECK IF 20% of the class is: ___ squirming restlessly ___ distracting others ___ unable to complete the task ___ Bored or uninterested	
TEACHER OBSERVATION SKILLS			1.5
59. ___ Teacher's time is primarily used to circulate among students - observing and helping them with their activities.		___ Teacher visits at least 2 groups during period ___ Teacher spends at least one half of period circulating and observing children at work	
60. ___ Teacher does not talk across centers but moves toward centers when needed.			1.5
61. ___ Teacher ignores mildly disruptive behavior.		___ Teacher allows students time to stop the behavior ___ Teacher waits at least 3 minutes before acting on behavior or until behavior disrupts the other students ___ Teacher acts if behavior reoccurs (i.e., teacher may ignore giggling students if it does not disrupt class)	1.5
62. ___ Teacher moves smoothly and calmly from center to center.		___ Teacher movement about room is not disruptive to students	1.5
63. ___ Students and teacher formally evaluate the day's behavior in order to improve it.		___ Each day ends with an evaluation of what has been accomplished throughout the day and with goals established for the next day ___ Teacher evaluates days behavior ___ Students evaluate days behavior ___ Students and teacher jointly evaluate days behavior	1.5
64. ___ Teacher expectancy is adjusted for students with colds or other health concerns.		___ Optional assignments are provided for students with observable health concerns	1.5

IV SUPPORT ASSISTANCE - PEER SHARIN

Objective	Rule	Indicator	Comments
Observer should note class reactions when moving into the room in order to assess reactions to support people.	(Check objective if any indicators are checked unless otherwise stated)		
65. ___ There is evidence of support help provided the classroom teacher.		___ There is evidence of support summary forms or equivalent	
66. ___ There is an in-service schedule that provides time to share ideas.			5.5
67. ___ Students do not breakdown as observer moves around.		___ Moves to student files when necessary ___ Observes specific student ___ Works with group of students ___ Makes assessment of student task ___ Administers tests	5.5
68. ___ Support staff reinforces prescription goals.			5.5
69. ___ Teacher reviews student information with support personnel.		___ Records are kept of meetings with support personnel ___ Meetings are scheduled at least biweekly	5.5
70. ___ Teachers share ideas in order to improve their classroom.		___ Teacher can identify a center, game, or activity idea from another teacher's room	5.5
71. ___ There is evidence of shared materials and supplies.		___ Overhead Projector ___ Language Master ___ Taped Programs ___ Other _____	5.5
72. ___ Support help is in classroom at least once a week for a half hour.		___ Support summary form in evidence	5.5

WEEHAWKEN PUBLIC SCHOOLS
WEEHAWKEN, NEW JERSEY

TITLE III ESEA: INDIVIDUALIZED LANGUAGE ARTS DIAGNOSIS, PRESCRIPTION AND EVALUATION

IMPLEMENTATION SURVEY FOR CONSUMER SCHOOL DISTRICTS

Name of School District _____

Name of school(s) involved:	Grade(s)	No. of students involved:	No. of Teachers:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Aspects of the Weehawken Program implemented:

	Yes	No	Degree of Success: Minimal	Moderate	High
1. Setting up local objectives	___	___	_____	_____	___
2. Diagnosis: Taking periodic writing samples	___	___	_____	_____	___
Using diagnostic grid sheet	___	___	_____	_____	___
3. Prescription: Using techniques	___	___	_____	_____	___
4. Evaluation: Using class checklists	___	___	_____	_____	___
Using cumulative writing folders	___	___	_____	_____	___
5. Using program in content and skill areas (e.g., science, reading, etc.)	___	___	_____	_____	___
6. Conducting in-service training	___	___	_____	_____	___
Providing in-service supervision	___	___	_____	_____	___
Developing in-service materials (tapes, sample lesson plans, resource materials)	___	___	_____	_____	___

B. Specific kinds of growth observed thus far by project teacher in children's writing:

_____

_____

_____

_____

C. Kinds of growth observed thus far in other Language Arts skill-areas:

_____

_____

_____

_____

D. General Comments and Reactions:

1. Administrators

2. Participating teachers

3. Students

4. Parents

E. Problems already noted by your project teachers, or anticipated by them in implementing the program: _____

_____

_____

_____

_____

_____

Submitted by _____
(Title or position)

School address _____

_____

School phone number _____

DATE _____

Ferguson-Florissant School District
EARLY EDUCATION PROGRAM

EVALUATION FORM

Name _____ School Address _____

School or Agency _____ _____

Date _____ Phone _____ _____

1. What aspect(s) of the Saturday School program have you implemented or adapted?

_____

_____

_____

2. Please indicate the number of students involved and their age level:

Age _____ Number of students _____

3. Do you have achievement data on the children? _____Yes _____No
(If so, please share this information with us.)

4. To what extent was the program successful? _____

_____

_____

5. Will your program be in operation during the 1977-78 school year?

_____Yes _____No

6. Do you have other staff people who would benefit from training? ____Yes ____No
If so, please indicate name(s) and address(es).

_____ _____
_____ _____
_____ _____

7. Would you like a further presentation by our staff in your home district?

_____

If so, indicate possible times _____ _____

Indicate topics of concern you would like presented _____

_____

For other comments, please use reverse side:

What have you seen?

TO: All teachers participating in PERCEPTION+

Thank you for participating in PERCEPTION+. In order to determine the effectiveness and the impact of the program we ask that you please furnish us with the following data by _____ .

Your cooperation in this effort is essential if we are to make PERCEPTION+ a viable educational experience. We need your feedback because only you, who use the program, can best determine its strengths and weaknesses.

Thank you very much for the time and energy you have expended on behalf of the program.

Milton Knobler, Director
PERCEPTION+

POPULATION DATA

(Please check the appropriate items)

1. I teach in a:
   Public ____ Private ____ Parochial ____ Special ____ (please specify) _____
2. The school population is:
   Urban ____ Suburban ____ Rural ____ Disadvantaged (% of total population) _____
3. The socio/economic character of my class is:
   Blue collar ____ White collar ____ Professional ____
4. I teach:
   Pre-kindergarten ____ Kindergarten ____ 1st Grade ____ Other ____
5. The size of my class is:
   Less than 10 ____ 10 - 14 ____ 15 - 19 ____ 20 - 25 ____ 26 - 30 ____

LOGISTICAL DATA

6. I was introduced to the PERCEPTION+ program by:
   _____ a fellow teacher
   _____ my administrator
   _____ the state facilitator agency
   _____ other (please specify) _____
7. I received training in the PERCEPTION+ methodology from a:
   _____ PERCEPTION+ staff member
   _____ state facilitator staff member
   _____ local staff member
   _____ PERCEPTION+ instructional filmstrip
   _____ PERCEPTION+ video tape presentation
   _____ I received no training other than that offered in the teacher's guide.

8. I started the PERCEPTION+ program in my class on _____
9. I have used PERCEPTION+ with my class for:
   Less than 3 months ____ 3 - 6 months____ the school year____
10. The program was presented on an average of (please circle the appropriate number):
    5 4 3 2 1 times per week.
11. I used the Level I ____ Level II ____ Tactual ____ kit(s) with my class.
12. I have successfully completed the following number of instructional visuals:
    _____ less than 20.
    _____ 20 - 30
    _____ the entire set

EVALUATION DATA

Knobler Perceptual Development Series Test Scores: Pre and post test class averages (means) and the growth differential (subtract pretest score from post test score).

TEST I			TEST II			TEST III		
Pre	Post	Diff.	Pre	Post	Diff.	Pre	Post	Diff.

OBSERVATIONS

	Below Average	Average	Above Average
13. Increase in children's attention span.			
14. Improved response to verbal directions.			
15. Heightened visual awareness.			
16. Improved visual conceptualization.			
17. Improved motor control.			
18. Improved eye / hand coordination.			
19. Increased vocabulary.			
20. Improved language and communication skills.			
21. Greater independence in learning activities.			

COMMENTS

22. Was there carry - over of developed skills and attitudes into other curriculum areas? _____

_____

_____

_____

23. What were the children's reactions to PERCEPTION+ ?

Positive: _____

_____

_____

Negative: _____

_____

_____

24. What are your reactions to PERCEPTION+ ?

Positive: _____

_____

_____

Negative : _____

_____

_____

25. What variations in the program (if any) did you institute? _____

_____

_____

26. What suggestions do you have for improving PERCEPTION+ ? _____

_____

_____

_____

PLEASE SEND REPLY TO:

PERCEPTION+
Union Township Board of Education
2369 Morris Avenue
Union, New Jersey 07083

IMPLEMENTING THE PRIORITY ONE: ENVIRONMENT PROGRAM

Please supply the Pollution Control Education Center with the following information, which will help us to identify the factors leading to successful implementation of our program in your school district as well as in other districts. Your cooperation is greatly appreciated.

QUESTIONNAIRE FOR ADOPTING DISTRICTS

School District _____ County _____

School Address _____ Zip _____

Name and Position of Respondent _____

1. How did your district find out about the ***Priority One: Environment*** secondary level kits? (Please check where applicable.)

____through a professional publication

____from another district using the program

____from a non-P.C.E.C. field representative of the program

____by direct contact with P.C.E.C. through conventions, receipt of project literature, etc.

____other (please specify)

2. To what extent was your district's decision to use one or more of the secondary level kits based on the availability of support services from the P.C.E.C. staff?

____to a great extent

____to some extent

____a little

____not at all

3. In what area of the secondary curriculum did you use the program?

____Science (please specify subject or course)

____Social Science (please specify subject or course)

____Other (please specify subject or course)

QUESTIONNAIRE FOR ADOPTING DISTRICTS

4. How many of each kit did you use? (Please check where applicable.)

1	2–4	5 or more	
			Open Lands and Wildlife
			The Energy Challenge
			Protecting Our Water Supplies
			Air Pollution and Your Health

5. Please state the number of teachers, by grade level, who used one or more of the kits.

Grade 7	8	9	10	11	12	
						Open Lands and Wildlife
						The Energy Challenge
						Protecting Our Water Supplies
						Air Pollution and Your Health

6. Please state the number of students, by grade level, who used one or more of the kits.

Grade 7	8	9	10	11	12	
						Open Lands and Wildlife
						The Energy Challenge
						Protecting Our Water Supplies
						Air Pollution and Your Health

7. What was the average frequency of use during the school year of the kits you ordered?

1	2	3	4	5 or more times	
					Open Lands and Wildlife
					The Energy Challenge
					Protecting Our Water Supplies
					Air Pollution and Your Health

8. Were the *Priority One: Environment* tests used?

____as both pre and post tests

____as post test only

____not at all

9. What problems, if any, did you encounter during implementation of the program? (Please check all applicable.)

____scheduling difficulties (please specify) _____

____use of multimedia equipment (please specify) _____

____use of kit materials (please specify) _____

____other (please specify) _____

10. How would you rate the support services of P.C.E.C. as they relate to your satisfaction with the program? (Please check where applicable.)

Sufficient	Insufficient	Lacking	
			Orienting your district to the content and goals of the program
			Providing staff training and follow-up help where needed
			Assisting in program evaluation
			Processing the order promptly

11. What use do you plan to make of the *Priority One* program during the school year _____?

____use the kits as before

____obtain additional kits

____reduce the use of the kits

____undecided

12. Which of the following best describes the community served by your school district?

____large city, 200,000 to 500,000 population

____middle-size city, 50,000 to 200,000 population

____suburb of a city

____rural area near a city

____rural area, not near a city

QUESTIONNAIRE FOR ADOPTING DISTRICTS
Page 4

13. Which of the following do you find to be major strengths of the Priority One: Environment program?

_____students relate to local environmental problems

_____the interdisciplinary nature of the materials

_____value judgement and decision making activities of the program

_____the appropriateness of the informational content to the grade level

_____other

14. What improvements can you suggest in the Priority One: Environment?

_____

_____

_____

_____

15. Are there any student comments on Priority One which you wish to share?

_____

_____

_____

_____

16. Do you have any other comment about the program or the materials that you wish to share with us?

_____

_____

_____

_____

SECTION SIX

PROJECT RECORDKEEPING AND DOCUMENTATION FORMS

The purpose of the project recordkeeping and documentation form is to log staff interactions between Developer/Demonstrators (D/Ds), State Facilitators (SFs), and potential Local Education Agency (LEA) adopters. This can be done in a variety of ways. For example, a contact report form might be used, containing spaces for staff member's name, person contacted, school or agency represented, phone number, date, and description or purpose of activity (e.g., needs assessment, site visitation, training, etc.). This form could employ either a checklist format or an open-ended framework with room for comment. Or a materials-listing form might be used. Such a form could serve to document materials or resources required for implementation; materials in use by LEAs; efficiency and use of resources; and/or materials that need to be developed. Still other forms might serve to tabulate project activities or the communication networking between D/D and SF, LEA and D/D, or LEA and SF.

By documenting activities, the following can be accomplished:

1) information-gathering and reporting can be greatly facilitated; and
2) such data can provide a handy reference for follow-up activities with potential adopter.

When designing the form, keep in mind the following:

(1) Include the date on which the contact or activity took place (including year).

(2) Allow room for documentation of the specific activity, results, and follow-up services.

(3) Clearly indicate staff involved. Interest could take considerable time to evolve in some districts, and it is necessary to know then who provided what information, when.

(4) Plan the form to complement the filing system. Several different files may be maintained (e.g., by state, by district within state, or chronologically by adoption status). If so, highlight this information for easy filing and retrieval.

SECTION SIX

PROJECT RECORDKEEPING AND DOCUMENTATION FORMS

ADDED DIMENSIONS TO PARENT AND PRESCHOOL EDUCATION, D/D, Lakewood, CO

Questionnaire 6-6

This questionnaire identifies how project materials are being used. It is sent to all those who buy materials (but have not adopted). The State Facilitator is then notified of such use of materials so that he or she can offer services.

COMPUTER-BASED PLANNING RESOURCES: PROJECT SIMU-SCHOOL, D/D, Dallas, TX

Contact Report 6-7

Contact report forms such as this one are used to record telephone calls, correspondence, and in-person conversations. They are filed by state.

DIVERSIFIED EDUCATIONAL EXPERIENCES PROGRAM (DEEP), D/D, Emporia, KS

DEEP Contact Form 6-8

This form is filed by state and then by name (within state). The materials checklist has been found useful in keeping track of LEA progress.

ECOS TRAINING INSTITUTE (ECOS), D/D, Yorktown Heights, NY

Follow-up Report Training Form. 6-9

This format has been found intimidating, and is therefore used only by project staff for notation in an interview situation. Project hopes to come up with a form that is both thorough and simple enough to be given to trainees to be filled out. This would allow opportunity for reflection, which an interview does not.

THE GLASSBORO RIGHT-TO-READ PROJECT, D/D, Glassboro, NJ

Pre-Workshop Survey of Participants 6-11

This survey is generally printed handily on the back of the project's Workshop Registration Form. It provides an overall idea of the conditions at schools sending representatives to the workshop -- thereby enabling the workshop leader to address real situations. (The form may be reworked to include a more thorough needs assessment.)

PROJECT KARE (KNOWLEDGEABLE ACTION TO RESTORE OUR ENVIRONMENT), D/D, Blue Bell, PA

Adaption Summary 6-12

The content of two other reports (a workshop summary and a follow-up visit record) are combined in this one to present an account of what happened in the process of adoption. On the basis of this summary, an Adoption Certificate may be awarded.

PARENT READINESS EDUCATION PROJECT (PREP), D/D, Detroit, MI

Record of Contacts 6-13

PREP maintains a record sheet for each project they are working with to document activities planned and completed.

PREDICT-I: PRE-KINDERGARTEN EDUCATION FOR THE DISADVANTAGED CHILD -- TITLE I, D/D, Cedar Rapids, IA

Diffusion Checklist 6-14

This form is used to both consolidate and organize information related to a planned presentation requiring travel scheduling.

CONNECTICUT FACILITATOR PROJECT, SF, New Haven, CT

Information/Contact Form 6-15

This new form documents contacts with adopters.

Site Visit Form 6-16

The brevity of this form forces the observer to be concise in observation. Additional comment is encouraged.

ILLINOIS STATEWIDE FACILITATOR, SF, Metropolis, IL

Contact Report Forms 6-17

This contact report has been useful in reporting significant contact. Adapted from a form developed by Peggie Campeau of AIR for PIP diffusion.

Activity Log Form 6-18

Activity log provides a summary of the week's contacts and activities

MISSOURI STATE FACILITATOR CENTER, SF, Columbia, MO

Adoption Process Checklist 6-20

Here is a contact report checklist that keeps the Facilitator updated on the steps taken leading up to and following adoption.

R.I.S.E. - PENNSYLVANIA STATE FACILITATOR, SF, King of Prussia, PA

Activity Log 6-21

This mechanism facilitates the day-by-day listing of activities. It is especially easy to fill out while on the telephone.

Contact Form 6-22

This is an effective means of communicating with remote offices about activities, and of keeping records on the adoption process.

ADDED DIMENSIONS TO PARENT AND PRESCHOOL EDUCATION
Questionnaire

Name _____ Position _____

Agency or School _____ Phone _____

Address _____

1. Materials Received

___Program Kit #1 ___Home Visiting Handbook ___Early Childhood Program-First Level

___Program Kit #2 ___Parent Involvement Handbook ___Early Childhood Program-Second Level

___A Parent Education and Preschool Program with Added Dimensions _____Other

___Early Childhood Education Handbook ___Play Materials Lending Library

2. Please check as many responses as are applicable to your situation.
As a result of having these materials, the following has happened:

( ) A NEW PROGRAM in the following area(s) has been initiated:

	#Children Served	#Parents Served
___Parent Involvement	_____	_____
___Preschool	_____	_____
___Home Visiting	_____	_____
___Developmental Screening	_____	_____

( ) An EXISTING PROGRAM in the following area(s) has been improved and/or expanded:

	#Children Served	#Parents Served
___Parent Involvement	_____	_____
___Preschool	_____	_____
___Home Visiting	_____	_____
___Developmental Screening	_____	_____

( ) I would like to BEGIN OR EXPAND a program, but I need assistance.

	Assistance Needed
___Parent Involvement	___Additional Materials ___Funding
___Preschool	___Training
___Home Visiting	___Visit to Added Dimensions Site
___Developmental Screening	___Visit from Added Dimensions Staff

( ) NO CHANGES have been made at this time but

___project information will be helpful to use as a resource in the future.

___my community is not ready for such a program.

___the program is not appropriate to my situation.

3. I learned about the Added Dimensions to Parent and Preschool Education Program from:

___Attending a conference-Name of conference _____

___Educational Programs That Work ___ERIC-Early Childhood Education

___State Facilitator Name of Facilitator _____

___Other Please specify _____

Back of page may be used for additional comments.

Please return questionnaire to:

Betty Benjamin, Project Director, Jefferson County Public Schools
1209 Quail Street, Lakewood, Colorado 80215

SIMU-SCHOOL

CONTACT REPORT

Contact made by _____ Date: _____
(Name of Simu-School Staff Member)

Nature of Contact:

a. _____ Personal Visit

b. _____ Telephone

c. _____ Group Presentation

d. _____ Other

Purpose:

_____

_____

_____

_____

Names of persons contacted:

_____

_____

_____

Accomplishments:

_____

_____

_____

_____

Recommendations for future contacts:

_____

_____

_____

Copies (#) Staff Member Project Director File (Original) Cross File

DEEP CONTACT FORM

_____ _____
state date

Name _____

Title _____

Address _____

_____

Phone _____

Type of Contact: ☐ telephone ☐ mail ☐ personal

Summary: _____

_____

_____

_____

_____

Action Taken:

Awareness Materials Sent:

- ☐ Total awareness package
- ☐ Flier
- ☐ "What is a DEEP?"
- ☐ Overview
- ☐ Training schedule
- ☐ Dissemination policies
- ☐ "Beginning the Program"
- ☐ Cost list
- ☐ Newsletter
- ☐ Filmstrip/Cassette
  Return requested ☐ yes ☐ no

Other _____

_____

_____

Date action completed: _____

ECOS TRAINING INSTITUTE

FOLLOW-UP REPORT TRAINING FORM

SCHOOL DISTRICT and LOCATION: _____

NO. of TRAINEES CONTACTED: _____ DATE of FOLLOW-UP: _____

NO. ORIGINALLY TRAINED: _____

DATE OF ORIGINAL TRAINING: _____

OUTCOMES EXPECTED AT ADOPTER SITE	EVIDENCE OBSERVED DOCUMENTING PROGRESS MADE AT ADOPTER SITE	QUALITY of PROGRESS 1	2	3	4	COMMENTS OR RECOMMENTATIONS FOR ECOS STAFF ACTIONS
Pilot Time Lines						
Community School Linkage						
Awareness Presentations within LEA's						
Community Resources identified						
Materials for Classroom use assembled						
Curriculum Guide Philosophy Goals Specific Aims Basic Content						

1 = No action required
2 = Needs some assistance, as suggested, in Comments
3 = Needs considerable help to bring up to desired level--requires follow-up action
4 = Totally absent or practically useless

Staff Member _____

SAMPLE

(Over)

ENVIRONMENTAL CATEGORIES (specify)	NO. of ACTIVITIES per category	NO. OF ACTIVITIES which are community related	QUALITY of PROGRESS 1	2	3	4	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
TOTAL _____	_____	_____					

COMMENTS:

GLASSBORO RIGHT-TO-READ PROJECT

(Pre-Workshop Survey of Participants)

We would like the workshop that you have requested to meet the specific interests and areas of need in your school. The following information will help us meet your needs. Please fill out and send this to us with the request form.

A. School Organization

K - 3 _____
K - 6 _____
Other _____

B. Do you have a reading skills array? _____

C. Do you diagnose individual reading needs? _____
If so, name specific tests used. _____

_____

_____

D. What basal program (s) do you use? _____

_____

_____

E. Do you have a parent volunteer program? _____

F. Is there a reading record keeping system in use? _____

G. Indicate below any other information regarding the district's specific needs which may help the Glassboro project staff prepare for this workshop.

ADAPTION SUMMARY

PROJECT KARE
Montgomery County Intermediate Unit #23
McGinnis Office Building
Route 73 & Butler Pike
Blue Bell, PA 19422
215-643-7600

Adapter: _____ Visitations: _____

Workshop Site: _____ _____

Workshop Dates: _____ _____

Teams: _____ Contact Person: _____

ACTIVITIES:

UNEXPECTED OUTCOMES:

FUTURE PLANS:

PREP--RECORD OF CONTACTS

SCHOOL DISTRICT_____ ADDRESS_____

TELEPHONE_____

DATE	PERSON/POSITION	SUBJECT	ACTION: CURRENT AND FUTURE (Initialed by staff)

PREDICT I
DIFFUSION CHECKLIST

LOCATION: _____ DATE: _____

TYPE OF ACTIVITY: _____

LENGTH & # OF PRESENTATIONS: _____

PERSONS ATTENDING (# & POSITION): _____

_____

CONTACT PERSON: _____

ADDRESS: _____

TITLE: _____ PHONE: _____

PREDICT I STAFF INVOLVED: _____

	PLANE RESERVATIONS	PLANE FARE	TRANSPORTATION FROM AIRPORT	LODGING (RESERVATIONS, CHARGES)	MEALS	OTHER
WE						
THEY						

AIRLINE SCHEDULE

TO:

RETURN:

	MADE	CONFIRMED	DELIVERED
HOTEL TICKETS			
PLANE TICKETS			

CFP INFORMATION/CONTACT FORM

PROJECT: _____

REQUESTOR: _____

PHONE NUMBER: _____

ADDRESS: _____

_____

_____ ZIP: _____

DATE: _____

CONGRESSIONAL DISTRICT: _____

REQUEST: _____

_____

_____

_____

_____

NEXT STEPS DISCUSSED: _____

_____

_____

ACTION TAKEN: _____

(Date:)

_____

_____

_____

_____

EDUCATIONAL RESOURCES CENTER – 800 Dixwell Avenue, New Haven, Connecticut 06511
Phone (203) 562 - 4967 – In Connecticut, Phone (800) 922 - 1567 Toll Free

CONNECTICUT FACILITATOR PROJECT

TOWN: _____ DATE OF VISIT: _____

TOWN CONTACT PERSON: _____ PHONE: _____

SCHOOL(S) VISITED: _____

ADDRESS: _____

_____

_____ ZIP

CFP LIAISON: _____

TOPICS DISCUSSED AT SIGHT VISITATION:

_____

_____

_____

_____

FOLLOW-UP (if necessary)

_____

_____

_____

For in-house use:

Diffusion Contractor or Project Director

THE ILLINOIS PROJECT FOR EDUCATIONAL REPLICATION (ILLINOIS STATEWIDE FACILITATOR PROJECT)

CONTACT REPORT FORMS

For Evaluator Use:

Name of Person Contacted: _____ Date: _____

Contact was: ( ) initiated? ( ) received?

Contact was made: ( ) in person ( ) by letter ( ) by phone

Contact's Affiliation: ( ) OE ( ) SF ( ) DD ( ) LEA ( ) elem. ( ) jr. hi. ( ) sr. hi.
( ) NPS ( ) SEA ( ) Tm. Mgr. ( ) PST ( ) IRDN ( ) RIC
( ) IV Diff. Proj. ( ) Hi. Ed. ( ) Labs ( ) Evaluator
( ) Other _____

Contact's Position/Role: _____

Address: _____ Phone _____

Why was contact made? _____

_____

Nature of discussion/background/situation: _____

_____

_____

_____

_____

_____

Results/Follow Up: _____

_____

_____

Person responsible: _____ Due on: _____

Signed: _____

Position: _____

Instructions: Please use this form to document all important contacts - - by telephone, in person, or by correspondence - - regarding the Illinois Project For Educational Replication. Contacts to be documented include those with LEAs, state agency personnel, OE staff (if not confidential), personnel in local or regional units (e.g., BOCES), and evaluation staff.

MESSAGE CONTINUED ON ANOTHER SHEET ☐ (Check if Yes)

ACTIVITY LOG
WEEKLY SUMMARY TIME CHART

NAME _____ DATE SUBMITTED:
Illinois Project for Educational Replication (Illinois Statewide Facilitator) Month _____, 197__ Dates:
Sunday _____
Saturday _____

Record in hours and half hours the amount of time spent in each activity.

1.0 Management

Budgeting _____
Planning _____
Staff Meetings _____
Evaluation _____
Coordinating Activities _____
Preparing Reports _____
Other _____

2.0 Developing

Instruments _____
Other _____

3.0 Dissemination

Presentations (Title IV Network)
Formal _____
Informal _____
Working in Booth/Display _____
Handing out Brochures-- _____
Attendance (Only) _____
Travel _____
Other _____

4.0 Staff Training

In-Service _____
Conferences _____
Other _____ _____

5.0 Weekly Summary

REMARKS

TOTAL NUMBER ON CONTACTS

Contact With	Contacted	Rec'd contact Form
LEA's	_____	_____
NPS's	_____	_____
ESR's	_____	_____
SEA	_____	_____
OE	_____	_____
Higher Education	_____	_____
Professional Organizations	____	_____
DD's	_____	_____
SF	_____	_____
Satellite Center	_____	_____
Independent Evaluator	_____	_____
National Evaluator	_____	_____
Other _____	_____	_____

TOTAL WORKING HOURS _____

SUNDAY
Time Frame

MONDAY
Time Frame

TEUSDAY
Time Frame

WEDNESDAY
Time Frame

THURSDAY
Time Frame

FRIDAY
Time Frame

SATURDAY
Time Frame

Total Hours

MO Facilitator Center
2/77

ADOPTION PROCESS CHECK SHEET

_____
School District

_____
Address

_____
City State Zip Code

_____
Contact Person Title

_____
Phone Number

Date Completed	Activity
_____	Consultation with school district
_____	School district submits Needs Assessment
_____	Appropriateness of JDRP visitation determined
_____	Application to visit JDRP project mailed to the district
_____	Visitation arranged with JDRP director and school district
_____	School district submits follow-up report on visitation
_____	Travel expense voucher submitted
_____	Adoption agreement signed
_____	Training occurs
_____	Curriculum materials made available
_____	Follow-up assistance

PERSONAL ( ) - NDN

Staff/Member: _____

Month: _____

Date	Description of Activity	CONTACTED PERSON	SCHOOL OR AGENCY	PHONE NUMBER	% OF DAY TIME	PHASE							
						Awareness	Needs Assessment	Visitation	Training	Implementation	Monitoring/Evaluation	Technical Assistance After Adoption	

R.I.S.E. CONTACT REPORT
NDN

School District _____ Reporting Agency _____

Client Name _____ Date of Contact _____

Telephone _____ Date of Report _____

Project(s) Identification: _____ Report By _____

_____

PRE-CONTACT DIAGNOSIS AND PLANNING

Background Information: This section, to be completed before the contact occurs could include a description of the client situation, identification of the person initiating the contact, and for what reason. It might also include anticipated difficulties or obstacles and assumptions about the situation.

Purposes of Contact: This section, also to be completed before the contact occurs would include:

(1) the facilitator's own goals for the contact (i.e., what does she/he hope to accomplish) explicitly stated.
(2) an outline of strategies/techniques planned for attaining goals (this might include mention of any print or non-print resources to be used).

R.I.S.E. Contact Form (Cont'd)

DESCRIPTION

Narrative Description of Contact: This section to be completed after contact has occurred should describe as concisely and concretely as possible what happened i.e., strategies employed by facilitator to what effect - immediate outcomes - without any analysis or next steps.

IMPLICATIONS

(1) implications to be drawn therefrom for future interactions.

FOLLOW-UP

Outline of Next Steps (action required):

Specification of follow-up activity	Person Responsible	Due Date

SECTION SEVEN

MISCELLANEOUS FORMS

Some forms currently in use by members of the National Diffusion Network serve useful purposes but do not fit easily into any of the previous categories. Hence, we have included this section of forms with special functions.

ACTIVE: ALL CHILDREN TOTALLY INVOLVED EXERCISING, D/D, Oakhurst, NJ

Parent Permission-Parent Involvement Form 7-3

Any time that photographs of students are utilized for filmstrips, slides, or other dissemination materials, you must obtain a "release" from the parents. The simple form used by Project ACTIVE for this purpose is included here.

PERCEPTION+, D/D, Union, NJ

Turn-key Trainer Cumulative Data Form 7-4

Because turn-key trainers are spread nationwide, this form gives lots of leeway to accommodate any population in any part of the country, lots of room for unexpected ramifications. The population breakdowns are designed to give the home site an overview of the kinds of groups actually being worked with.

SOUTH CAROLINA STATE FACILITATOR, SF, Columbia, SC

Site Visitation Staff Report. 7-12

This report is utilized by State Facilitator staff members to develop a personal feel for a D/D project following a site visit.

SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION, SEA, Columbia, SC

Financial Assistance Request Form 7-15

Variations of this form can be utilized as an adoption/adaptation application. It helps ensure that the Local Education Agency has given serious consideration to the potential implementation.

NEBRASKA/IOWA STATE FACILITATOR PROJECTS, SF, Bellevue, NB

Reimbursement Request Form. 7-18

This form may provide a model for organizing payments between Developer/Demonstrators and State Facilitators.

PROJECT ACTIVE

ALL CHILDREN TOTALLY IN-VOLVED EXERCISING

INSERVICE PROGRAM FOR PHYSICAL EDUCATION RECREATION TEACHERS OF HANDICAPPED

Project No. 72-341, Title III, ESEA, P.L. 89-10

Director – Dr. Thomas M. Vodola (201) 229-4100 Ext. 260

Date

I grant permission for Project ACTIVE to use my child's _____, picture for publicity purposes
Student's Name
that focus on the implementation of physical education/ recreation programs for the handicapped.

_____ _____
Parent's Signature Date

P.S.
Please print your name and address below if you desire to be placed on the Newsletter mailing list.

PLEASE PRINT

_____
Name

_____
Street City State

_____
Zip Code No.

TURN-KEY TRAINER CUMULATIVE DATA FORM for the PERCEPTION+ PROGRAM

This Cumulative Data Form will assist you in assessing the impact PERCEPTION+ has had in your region. Please send a copy of the completed form to us at:

PERCEPTION+
Union Township Board of Education
2369 Morris Avenue
Union, New Jersey 07083

Thank you very much for your efforts on bahalf of the program.

Milton Knobler, Director
PERCEPTION+

Name _____ Date _____

Address _____
street

_____
city state zip

Region _____

Awareness/Training Sessions
(Please use back of form if necessary)

Contact Person	Address

Adoptions
(Please use back of form if necessary)

Contact Person	Address

POPULATION *(Please give number in each category)*

Type of Schools	Number of Teachers	Number of Students
PUBLIC		
PRIVATE		
PAROCHIAL		
SPECIAL		
TOTAL		

Type of Population *(Please give number in each category)*

	Number of Teachers	Number of Students
URBAN		
SUBURBAN		
RURAL		
DISADVANTAGED		
MIGRANT		
INDIAN		
TOTAL		

Grade Level *(Please give number in each category)*

	Number of Teachers	Number of Students
PRE-KINDERGARTEN		
KINDERGARTEN		
FIRST		
OTHER (specify)		
TOTAL		

EVALUATION DATA

LEVEL I — Test 1

	PRE - TEST			POST - TEST			DIFFERENTIAL		
	No. of Students	Average High	Average Low	Average Mean	Average High	Average Low	Average Mean	Average High	Average Low	Average Mean
URBAN										
SUBURBAN										
RURAL										
NON-PUBLIC										

LEVEL I — Test 2

URBAN										
SUBURBAN										
RURAL										
NON-PUBLIC										

LEVEL I — Test 3

URBAN										
SUBURBAN										
RURAL										
NON-PUBLIC										

LEVEL II

Test 1

	PRE - TEST			POST - TEST			DIFFERENTIAL		
No. of Students	Average High	Average Low	Average Mean	Average High	Average Low	Average Mean	Average High	Average Low	Average Mean
URBAN									
SUBURBAN									
RURAL									
NON-PUBLIC									

LEVEL II

Test 2

URBAN									
SUBURBAN									
RURAL									
NON-PUBLIC									

LEVEL II

Test 3

URBAN									
SUBURBAN									
RURAL									
NON-PUBLIC									

OBSERVATIONS *(Please give number in each category)*

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE
Increase in children's attention span.			
Improved response to verbal directions.			
Heightened visual awareness.			
Improved visual conceptualization.			
Improved motor control.			
Improved eye/hand coordination.			
Increased vocabulary.			
Improved language and communication skills.			
Greater independence in learning activities.			

COMMENTS *(Please give a sampling of responses which you feel to be typical and pertinent)*

Was there carry-over of developed skills and attitudes into other curriculum areas? _____

What were the children's reactions to PERCEPTION+?

Positive: _____

Negative: _____

What were the teachers' reactions to PERCEPTION+?

Positive: _____

Negative: _____

What adaptations were made in the program? _____

What suggestions were made for improving PERCEPTION+? _____

PROJECT SITE VISITATION

PROGRAM DISSEMINATION SECTION
STAFF REPORT

PROJECT TITLE _____

_____

ADDRESS _____

CONTACT PERSON _____ PHONE _____

I. PROGRAM DESCRIPTION

A. Attach a one or two page description of the program.

B. Describe target population, cite grade levels to be served.

C. Is project equally valid for urban and rural students? Yes ___ No ___

Explain: _____

_____

_____

_____.

II. ADOPTION INFORMATION

A. Estimated cost of adoption $ _____.

What would the costs cover:

_____

_____

_____

_____

_____

B. Describe the training program required for adoption. Include information on duration, number of D/D staff to be involved, costs, maximum and minimum number of persons who can be trained in a training session, and other pertinent information.

C. Recommended length of time to implement program. _____

D. Describe any follow-up activities required by D/D. _____

III. MATERIALS

A. Attach an inventory of all available materials to report. Include costs for each.

B. Determine which materials are essential for LEA to replicate program.

IV. AWARENESS INFORMATION

A. Describe typical awareness presentations (include information on duration, format, maximum and minimum number of participants).

_____

_____

_____

_____.

B. Will D/D project make an awareness presentation in South Carolina at their expense?

Yes ____ No ____.

If No, will D/D project share the cost of making an awareness presentation in South Carolina?

Yes ____ No ____ If Yes, explain:

V. EVALUATION PLAN

A. Has the D/D project designed a "simple", "no cost" evaluation plan to assess the impact of an adoption by an LEA?

Yes ____ No ____

If Yes, attach a copy. If No, ask D/D if they could develop such an evaluation plan). Explain response:

SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

OFFICE OF FEDERAL PROGRAMS
PROGRAM DISSEMINATION SECTION

FINANCIAL ASSISTANCE REQUEST FORM
PART A: FUNDING REQUEST

The following financial support is requested for the adoption of _____
(Project)

_____

by _____
(District)

DETAIL DESCRIPTION	PROJECTED COST
TOTAL	

Requested by _____ Date _____
District Superintendent

Recommended by _____ Date _____

Approved by _____ Date _____
Chief Supervisor

SDE 24-098-00
(This form becomes obsolete 6/30/78)

FINANCIAL ASSISTANCE REQUEST FORM
PART B: ADOPTION/ADAPTION INFORMATION

1. What are the educational needs of the district which will be addressed by the program to be adopted?

2. How were these needs identified?

3. Name(s) of schools, grade levels, and number of participants to be involved in adoption:

PARTICIPATING SCHOOLS	GRADE LEVEL(S)	NUMBER OF PARTICIPANTS		
		Students	Teachers	Administrators

SDE 24-098-00
(This form becomes obsolete 6/30/78)

4. Number and position(s) of staff to be trained at each adopting school:

PARTICIPATING SCHOOLS	NUMBER OF STAFF TO RECEIVE TRAINING			
	Teachers	Administrators	Counselors	Others (Specify)

5. Is the applicant a non-public school? Yes _____ No _____

6. Is a current adoption of this program operating in the district?

Yes ____ No ____ If Yes, describe location and scope of that adoption:

_____

_____

_____

7. Name of contact person for this application _____

8. Address _____

9. Telephone _____

SDE 24-098-00
(This form becomes obsolete 6/30/78)

IA-NE. State Facilitator
2407 Chandler Road
Riverview Elementary School
Bellevue, Nebr. 68005

REIMBURSEMENT REQUEST FORM

NAME _____

REPRESENTING _____

ADDRESS _____

_____

ACTIVITY INVOLVED _____

SITE _____

DATE(S) _____

REIMBURSEMENT REQUESTED: (Reimbursement should be in line with previously signed agreement.)

LODGING: $_____(Attach receipts.)

MEALS: $_____NUMBER:_____

TRAVEL: AIR TRAVEL $_____(Attach ticket receipt.)

GROUND TRAVEL $_____MILEAGE_____

TAXI, LIMOUSINE, ETC. $_____

MISC. EXPENSES: $_____

_____

TOTAL TO BE REIMBURSED: $_____

COMMENTS: _____

_____

_____

_____

PAYMENT SHOULD BE SENT TO: _____

_____

_____

_____

SIGNATURE: _____ DATE: _____